

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHARLOTTESVILLE AREA COMMUNITY FOUNDATION		D Employer identification number 54-1506312
	Doing business as		E Telephone number (434) 296-1024
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 31,612,089.
	P.O. BOX 1767		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CHARLOTTESVILLE, VA 22902		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: BRENNAN GOULD 114 4TH ST S.E., CHARLOTTESVILLE, VA 22902		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CACFONLINE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1967	M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GRANTS TO NON-PROFITS MAINLY IN CENTRAL VA & MANAGE CHARITABLE FUNDS FOR INDIVIDUALS & AGENCIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	346,601.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	345,601.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,193,778.	21,420,156.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,082,503.	6,497,562.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,156,690.	3,694,371.
		17,432,971.	31,612,089.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,815,829.	26,578,822.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,146,582.	1,375,438.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 70,788.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,311,010.	1,553,336.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,273,421.	29,507,596.	
19 Revenue less expenses. Subtract line 18 from line 12	-5,840,450.	2,104,493.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	231,772,854.	284,044,465.
	22 Net assets or fund balances. Subtract line 21 from line 20	28,964,795.	37,696,596.
		202,808,059.	246,347,869.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	BRENNAN GOULD, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	VIRGINIA R. BELCHER				P00421964
	Firm's name ▶ KEITER, STEPHENS, HURST, GARY & SHREAVES, PC	Firm's EIN ▶ 54-1631262			
	Firm's address ▶ 4401 DOMINION BLVD GLEN ALLEN, VA 23060	Phone no. (804) 747-0000			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: CREATE EQUITABLE, SUSTAINABLE, LIFE-IMPROVING OPPORTUNITIES IN CHARLOTTESVILLE AND COUNTIES OF ALBEMARLE, BUCKINGHAM, FLUVANNA, GREENE, LOUISA, NELSON, AND ORANGE. WORK WITH DONORS TO FULFILL THEIR INTERESTS AND CONDUCT CHARITABLE GIVING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 28,575,925. including grants of \$ 26,578,822.) (Revenue \$) AT THE START OF 2020, THE FOUNDATION POOLED RESOURCES TOGETHER WITH OTHER FUNDERS TO GRANT TO ORGANIZATIONS THAT PROVIDED DIRECT AID TO INDIVIDUAL HOUSEHOLDS UNABLE TO MEET BASIC NEEDS DUE TO THE COVID-19 PANDEMIC, TOTALING \$4.56 MILLION TO OVER 5,000 HOUSEHOLDS. IN CONJUNCTION, A SPECIAL GRANT ROUND WAS HELD TO SUPPORT NONPROFITS PROVIDING CRITICAL SUPPORT TO THE COMMUNITY AND SERVICES TO HELP MITIGATE THE SPREAD OF COVID-19, TOTALING \$847,196 TO 28 ORGANIZATIONS. SUBSEQUENTLY, THROUGH OUR DISCRETIONARY GRANTS PROGRAM, WE CONTINUED TO BUILD OUR GRANTMAKING PRACTICE AND DOCUMENT OUR SUCCESS. OUR COMMUNITY RECOVERY & CATALYST (CRC) GRANT PROGRAM SUPPORTED NONPROFIT NEEDS IN THE WAKE OF COVID-19 AND THE ONGOING IMPACT OF SYSTEMIC RACISM ON OUR COMMUNITY, TOTALING \$2,218,250 TO 124 NONPROFITS. THIS CRC GRANT TRACK

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 28,575,925.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	31
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		13
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 14		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
ORGANIZATION TREASURER - (434) 296-1024
114 4TH ST S.E., CHARLOTTESVILLE, VA 22902-1767

**CHARLOTTEVILLE AREA COMMUNITY
FOUNDATION**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENNAN GOULD PRESIDENT & CEO	40.00	X		X			197,859.	0.	16,957.	
(2) JANET DORMAN TREAS. & DIR. OF FINANCE	40.00	X		X			160,486.	0.	18,400.	
(3) EBONI BUGG DIRECTOR OF PROGRAMS	40.00				X		130,753.	0.	12,139.	
(4) MS. HEATHER L. CARLTON CHAIR	0.77	X		X			0.	0.	0.	
(5) MR. GLENN RUST VICE-CHAIR	0.96	X		X			0.	0.	0.	
(6) MR. LEONARD W. SANDRIDGE JR. SECRETARY	1.04	X		X			0.	0.	0.	
(7) MR. ANTWON BRINSON DIRECTOR	0.56	X					0.	0.	0.	
(8) MS. HELENE DOWNS DIRECTOR	0.50	X					0.	0.	0.	
(9) MS. LIBBY EDWARDS-ALLBAUGH DIRECTOR	0.62	X					0.	0.	0.	
(10) MRS. KRISTIN HENNINGSEN DIRECTOR	0.75	X					0.	0.	0.	
(11) MR. J. A. KESSLER III DIRECTOR	0.33	X					0.	0.	0.	
(12) MS. KRISTINA KOUTRAKOS DIRECTOR	0.63	X					0.	0.	0.	
(13) MR. JOSEPH W. RICHMOND JR. DIRECTOR	0.38	X					0.	0.	0.	
(14) MS. ANDREA ROBERTS DIRECTOR	0.85	X					0.	0.	0.	
(15) MRS. DIANE SCHMIDT DIRECTOR	0.44	X					0.	0.	0.	
(16) MR. ROBERT D. SWEENEY DIRECTOR	0.33	X					0.	0.	0.	
(17) MR. BRUCE M. WOODZELL DIRECTOR	0.44	X					0.	0.	0.	

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	21,420,156.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 10,022,880.				
	h Total. Add lines 1a-1f			21,420,156.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,102,103.			3,102,103.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,335,767.	59,692.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.	0.			
	c Gain or (loss)	7c	3,335,767.	59,692.			
	d Net gain or (loss)			3,395,459.		3,395,459.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a INCOME FROM PASSTHROUGH	900099	3,189,370.	2,842,769.	346,601.		
	b FEE INCOME	900099	306,103.	306,103.			
	c OTHER INCOME	900099	198,898.	198,898.			
	d All other revenue						
	e Total. Add lines 11a-11d			3,694,371.			
12 Total revenue. See instructions			31,612,089.	3,347,770.	346,601.	6,497,562.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	25,879,402.	25,879,402.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	660,232.	660,232.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	39,188.	39,188.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	393,704.	206,010.	177,289.	10,405.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	815,349.	540,218.	257,575.	17,556.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,533.	26,850.	15,675.	1,008.
9 Other employee benefits	44,195.	27,259.	15,913.	1,023.
10 Payroll taxes	78,657.	48,515.	28,322.	1,820.
11 Fees for services (nonemployees):				
a Management				
b Legal	18,325.	9,163.	9,162.	
c Accounting	36,414.		36,414.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	778,593.	778,593.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	63,931.	31,966.	31,965.	
12 Advertising and promotion	109,687.	54,843.	43,875.	10,969.
13 Office expenses	37,627.	21,504.	15,316.	807.
14 Information technology	117,069.	58,534.	46,828.	11,707.
15 Royalties				
16 Occupancy	45,408.	28,007.	16,350.	1,051.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	11,653.	7,187.	4,196.	270.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,693.	2,278.	1,330.	85.
23 Insurance	16,477.		16,477.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ADMINISTRATIVE EXPENSES	149,567.	58,393.	90,580.	594.
b FUND EXPENSES	126,781.	76,069.	38,034.	12,678.
c PROFESSIONAL DEVELOPMENT	35,204.	21,714.	12,675.	815.
d TEMPORARY EMPLOYEES	2,907.		2,907.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	29,507,596.	28,575,925.	860,883.	70,788.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	861,402.	1	901,112.	
	2 Savings and temporary cash investments	15,309,242.	2	12,520,348.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4	15,000.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net	20,128.	7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	112,063.			
	b Less: accumulated depreciation	98,102.			
	11 Investments - publicly traded securities	165,931,915.	11	191,856,762.	
	12 Investments - other securities. See Part IV, line 11	26,253,544.	12	47,598,463.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	23,382,351.	15	31,138,819.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	231,772,854.	16	284,044,465.		
Liabilities	17 Accounts payable and accrued expenses		17	2,212.	
	18 Grants payable	2,491,758.	18	690,833.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	26,473,037.	25	37,003,551.	
	26 Total liabilities. Add lines 17 through 25	28,964,795.	26	37,696,596.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	179,370,165.	27	215,712,293.	
	28 Net assets with donor restrictions	23,437,894.	28	30,635,576.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	202,808,059.	32	246,347,869.	
	33 Total liabilities and net assets/fund balances	231,772,854.	33	284,044,465.	

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,612,089.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,507,596.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,104,493.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	202,808,059.
5	Net unrealized gains (losses) on investments	5	36,110,225.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	5,325,092.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	246,347,869.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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CHARLOTTEVILLE AREA COMMUNITY

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23520829.	16858956.	25108429.	10193778.	21420156.	97102148.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	23520829.	16858956.	25108429.	10193778.	21420156.	97102148.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						25046995.
6 Public support. Subtract line 5 from line 4.						72055153.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	23520829.	16858956.	25108429.	10193778.	21420156.	97102148.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1759508.	2477122.	3109259.	3350094.	3102103.	13798086.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	6,264.	62,793.	212,101.	123,370.	346,601.	751,129.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			6,776.	4,203.	198,898.	209,877.
11 Total support. Add lines 7 through 10						111861240
12 Gross receipts from related activities, etc. (see instructions)					12	991,493.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	64.41 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	64.86 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

CHARLOTTESVILLE AREA COMMUNITY

Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION

54-1506312 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

CHARLOTTESVILLE AREA COMMUNITY

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

**CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

Employer identification number

54-1506312

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization CHARLOTTEVILLE AREA COMMUNITY FOUNDATION **Employer identification number** 54-1506312

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	184	92
2 Aggregate value of contributions to (during year)	16,797,502.	9,098,946.
3 Aggregate value of grants from (during year)	17,961,560.	9,229,007.
4 Aggregate value at end of year	158,058,199.	57,654,094.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

**CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT LIMITED		
(B) PARTNERSHIP	47,598,463.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	47,598,463.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) REAL ESTATE	558,000.
(2) BENEFICIAL INTEREST IN TRUSTS	30,575,576.
(3) HEALTH & VISION INSURANCE WITHHOLDING	5,243.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	31,138,819.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS PAYABLE	37,003,551.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	37,003,551.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	72,324,889.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	36,110,225.	
b	Donated services and use of facilities	2b	56,076.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	8,514,462.	
e	Add lines 2a through 2d	2e		44,680,763.
3	Subtract line 2e from line 1	3		27,644,126.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	3,967,963.	
c	Add lines 4a and 4b	4c		3,967,963.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		31,612,089.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	28,785,079.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	56,076.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		56,076.
3	Subtract line 2e from line 1	3		28,729,003.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	778,593.	
c	Add lines 4a and 4b	4c		778,593.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		29,507,596.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ONE FUND IS PERMANENTLY RESTRICTED SO ONLY INCOME COULD BE SPENT.

PART X, LINE 2:

THE FOUNDATION FOLLOWS THE FASB GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOUNDATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED "WHEN CHALLENGED" OR "WHEN EXAMINED" BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX EXPENSE AND LIABILITY IN THE CURRENT

Part XIII Supplemental Information (continued)

YEAR. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITION AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISION OF THIS GUIDANCE. THE FOUNDATION IS NOT CURRENTLY UNDER AUDIT BY ANY TAX JURISDICTION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE SPLIT INTEREST AGREEMENTS 8,514,462.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INCOME FROM PASSTHROUGH ENTITY 3,189,370.

INVESTMENT MANAGEMENT FEES 778,593.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 3,967,963.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES 778,593.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization
**CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

Employer identification number
54-1506312

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT MAKING		39,188.
3 a Subtotal	0	0			39,188.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			39,188.

CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

FORM 990, SCHEDULE F, PART I, LINE 2

THE FOUNDATION MONITORS THIS GRANT BY HAVING DIRECT COMMUNICATION WITH THE GRANTEE. UPDATES ARE REQUIRED QUARTERLY REGARDING THE USE OF THE GRANT UNTIL FUNDS HAVE BEEN DEPLETED. UPON COMPLETION OF THE GRANT, A FINAL REPORT IS DUE TO THE FOUNDATION SHOWING PROGRESS OF THE GRANT AND BUDGET TO ACTUAL ANALYSIS.

Multiple horizontal lines for supplemental information input.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

**Employer identification number
54-1506312**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADIPSY P.O. BOX 16183 CHESAPEAKE, VA 23328	46-1951781	501(C)(3)	50,000.	0.			GENERAL PURPOSES
ADULT COMMUNITY EDUCATION P. O. BOX 872 LOUISA, VA 23093	54-1670786	501(C)(3)	6,000.	0.			STAFF SUPPORT OF THE NUTRITION EDUCATION PROGRAM
ADVANCED ENERGY ECONOMY INSTITUTE 1000 VERMONT AVE. NW, 3RD FLOOR WASHINGTON, DC 20005	80-0373801	501(C)(3)	100,000.	0.			GENERAL OPERATING GRANT FOR USE IN THE COMMONWEALTH OF VIRGINIA
AFFORDABLE HOUSING OPPORTUNITY FUND - P.O. BOX 1467 - CHARLOTTESVILLE, VA 22902	84-2840147	501(C)(3)	1,000,000.	0.			GENERAL PURPOSES
AFRICAN-AMERICAN TEACHING FELLOWS OF CHARLOTTESVILLE-ALBEMARLE, INC. - P. O. BOX 5064 - CHARLOTTESVILLE, VA 22905	83-0413067	501(C)(3)	6,970.	0.			GENERAL PURPOSES
AFRICAN-AMERICAN TEACHING FELLOWS OF CHARLOTTESVILLE-ALBEMARLE, INC. - P. O. BOX 5064 - CHARLOTTESVILLE, VA 22905	83-0413067	501(C)(3)	30,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **292.**

3 Enter total number of other organizations listed in the line 1 table ▶ **11.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBEMARLE CHARLOTTESVILLE HISTORICAL SOCIETY - 200 SECOND STREET, NE - CHARLOTTESVILLE, VA 22902-5245	54-6052638	501(C)(3)	7,000.	0.			SUPPORTING ONGOING PROJECTS
ALBEMARLE COUNTY DEPARTMENT OF SOCIAL SERVICES - 1600 5TH STREET, SUITE A - CHARLOTTESVILLE, VA 22902		GOV	35,000.	0.			THE BRIGHT STARS PROGRAM
ALBEMARLE COUNTY DEPARTMENT OF SOCIAL SERVICES - 1600 5TH STREET, SUITE A - CHARLOTTESVILLE, VA 22902		GOV	15,000.	0.			FOR FUNDING AT-HOME MATERIALS FOR CITY PRE-K FAMILIES
ALBEMARLE COUNTY POLICE FOUNDATION PO BOX 5043 CHARLOTTESVILLE, VA 22905	54-1642231	501(C)(3)	10,000.	0.			SUPPORT FOR THE ANNUAL AWARDS BANQUET
ALBEMARLE COUNTY PUBLIC SCHOOLS ATTN: ANITA MOORE 401 MCINTIRE ROAD - CHARLOTTESVILLE, VA 22902-4596	54-6001102	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT FOR MOUNTAIN VIEW ELEMENTARY
ALBEMARLE HOUSING IMPROVEMENT PROGRAM - 2127 BERKMAR DRIVE - CHARLOTTESVILLE, VA 22901	54-1028220	501(C)(3)	70,000.	0.			GENERAL PURPOSES
ALBEMARLE HOUSING IMPROVEMENT PROGRAM - 2127 BERKMAR DRIVE - CHARLOTTESVILLE, VA 22901	54-1028220	501(C)(3)	50,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
ALL BLESSINGS FLOW 3509 W. MONACAN DR. CHARLOTTESVILLE, VA 22901-1029	82-1806020	501(C)(3)	25,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
ALLEGHENY MOUNTAIN INSTITUTE P.O. BOX 542 STAUNTON, VA 24402	46-5717620	501(C)(3)	10,000.	0.			FOR THE ALLEGHENY MOUNTAIN INSTITUTE FELLOWSHIP PROGRAM

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ALLIANCE FOR INTERFAITH MINISTRIES (AIM) - PO BOX 7331 - CHARLOTTESVILLE, VA 22906	52-1258674	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
AMERICAN CHESTNUT FOUNDATION 50 NORTH MERRIMON AVE., SUITE 115 ASHEVILLE, NC 28804	41-1483019	501(C)(3)	20,000.	0.			FOR USAGE OF "DENTATABASE"
AMERICAN RED CROSS C/O MR. BILL BRENT 1105 ROSE HILL D CHARLOTTESVILLE, VA 22903	53-0196605	501(C)(3)	10,000.	0.			THE PURCHASE OF A HUMANITARIAN SERVICES VEHICLE
APPALACHIAN VOICES 589 WEST KING ST. BOONE, NC 28607	56-2049956	501(C)(3)	14,000.	0.			WAHOOS FOR SUSTAINABILITY
APPALACHIAN VOICES 589 WEST KING ST. BOONE, NC 28607	56-2049956	501(C)(3)	50,000.	0.			GENERAL OPERATING GRANT
APPALACHIAN VOICES 589 WEST KING ST. BOONE, NC 28607	56-2049956	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
ARC OF THE PIEDMONT 509 PARK ST CHARLOTTESVILLE, VA 22902	54-0740243	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
ARTS CORPS 4408 DELRIDGE WAY SW, SUITE 110 SEATTLE, WA 98106	91-2044679	501(C)(3)	100,000.	0.			GENERAL PURPOSES
AS YOU SOW 2150 KITTREDGE ST SUITE 450 BERKELEY, CA 94704	94-3169008	501(C)(3)	10,000.	0.			A PLANNING GRANT

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BARRETT EARLY LEARNING CENTER 410 RIDGE ST. CHARLOTTESVILLE, VA 22902	54-0505867	501(C)(3)	50,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
BELMONT ARTS COLLABORATIVE (BAC) 221 CARLTON ROAD CHARLOTTESVILLE, VA 22902	82-1459902	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
BEN HAIR JUST SWIM FOR LIFE FOUNDATION - 2830 WATTS PASSAGE - CHARLOTTESVILLE, VA 22911	27-3028725	501(C)(3)	16,000.	0.			GENERAL PURPOSES
BETASAB P.O. BOX 655 MIDDLEBURY, VT 05753	26-3716963	501(C)(3)	20,000.	0.			GENERAL PURPOSES
BIG BROTHERS BIG SISTERS OF THE CENTRAL BLUE RIDGE - 1102 CARLTON AVE. - CHARLOTTESVILLE, VA 22902	54-1108066	501(C)(3)	10,000.	0.			UNRESTRICTED GIVING
BIG BROTHERS BIG SISTERS OF THE CENTRAL BLUE RIDGE - 1102 CARLTON AVE. - CHARLOTTESVILLE, VA 22902	54-1108066	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
BIRTH SISTERS OF CHARLOTTESVILLE 1308 CHESAPEAKE ST. CHARLOTTESVILLE, VA 22902	85-0967804	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
BIRTH SISTERS OF CHARLOTTESVILLE 1308 CHESAPEAKE ST. CHARLOTTESVILLE, VA 22902	85-0967804	501(C)(3)	19,649.	0.			STRENGTHENING SYSTEMS GRANT
BIRTH SISTERS OF CHARLOTTESVILLE 1308 CHESAPEAKE ST. CHARLOTTESVILLE, VA 22902	85-0967804	501(C)(3)	108,769.	0.			TO IMPROVE MATERNAL HEALTH OUTCOMES

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BLUE RIDGE AREA FOOD BANK P. O. BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	74,953.	0.			GENERAL PURPOSES
BLUE RIDGE AREA FOOD BANK P. O. BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	25,000.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
BLUE RIDGE AREA FOOD BANK P. O. BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	25,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
BLUE RIDGE HEALTH CENTER 4038 THOMAS NELSON HIGHWAY ARRINGTON, VA 22922	54-1222147	501(C)(3)	25,000.	0.			GENERAL PURPOSES
BLUE RIDGE HEALTH CENTER 4038 THOMAS NELSON HIGHWAY ARRINGTON, VA 22922	54-1222147	501(C)(3)	15,000.	0.			ANNUAL SUPPORT
BLUE RIDGE HEALTH CENTER 4038 THOMAS NELSON HIGHWAY ARRINGTON, VA 22922	54-1222147	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
BON SECOURS RICHMOND HEALTH CARE FOUNDATION - 5008 MONUMENT AVENUE 2ND FLOOR, ATTN: JOE LAFSER - RICHMOND, VA 23230	54-1201346	501(C)(3)	10,000.	0.			SARAH GARLAND JONES CENTER
BOTANICAL GARDEN OF THE PIEDMONT 624 DAVIS AVENUE CHARLOTTESVILLE, VA 22901	90-0395190	501(C)(3)	15,000.	0.			GENERAL PURPOSES
BOTANICAL GARDEN OF THE PIEDMONT 624 DAVIS AVENUE CHARLOTTESVILLE, VA 22901	90-0395190	501(C)(3)	8,700.	0.			COMMUNITY RECOVERY & CATALYST GRANT

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BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P.O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	15,000.	0.			SCOTTSVILLE LOCATION
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P.O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	16,500.	0.			GENERAL FUNDS
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P.O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	15,000.	0.			ANNUAL SUPPORT
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P.O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	15,000.	0.			TO BENEFIT THE ORANGE BOYS AND GIRLS CLUB
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P.O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	500,000.	0.			JOUETT AREA EXPANSION
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P.O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
BRIDGE OUTREACH CHURCH P.O. BOX 2402 CHARLOTTESVILLE, VA 22902	51-0671396	501(C)(3)	10,000.	0.			COUNSELING ROOM RENOVATION
BRIDGE OUTREACH CHURCH 1831 SECRETARYS RD SCOTTSVILLE, VA 24590	51-0671396	501(C)(3)	10,000.	0.			COMPLETION OF THE OFFICE AND COUNSELING SPACES
BRIDGEHAMPTON SCHOOL FOUNDATION P.O. BOX 1994 BRIDGEHAMPTON, NY 11932	80-0555418	501(C)(3)	46,810.	0.			GENERAL PURPOSES

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BRODY JEWISH CENTER, HILLEL AT UVA 1824 UNIVERSITY CIRCLE CHARLOTTESVILLE, VA 22903	54-6061871	501(C)(3)	50,000.	0.			GENERAL PURPOSES
BRODY JEWISH CENTER, HILLEL AT UVA 1824 UNIVERSITY CIRCLE CHARLOTTESVILLE, VA 22903	54-6061871	501(C)(3)	35,000.	0.			MAINTAINING STAFF LEVELS DURING THE COVID19 PANDEMIC
BUILDING GOODNESS FOUNDATION 128 CARLTON ROAD CHARLOTTESVILLE, VA 22902	54-1956136	501(C)(3)	104,000.	0.			THE SOARING BIRTH CENTER IN HAITI
BUILDING GOODNESS FOUNDATION 128 CARLTON ROAD CHARLOTTESVILLE, VA 22902	54-1956136	501(C)(3)	100,000.	0.			THE CHARLOTTESVILLE BUILDS CAMPAIGN
CAMP HOLIDAY TRAILS 400 CAMP HOLIDAY TRAILS LANE CHARLOTTESVILLE, VA 22903	54-0922028	501(C)(3)	7,500.	0.			MATERIAL SUPPLY BUDGET FOR REPAIRS
CAMP TLC (TOGETHER LIVING A CHALLENGE) - 442 WEST OCEAN BLVD, #408 - LONG BEACH, CA 90802	22-3453810	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CARNEGIE HALL CORP. 881 7TH AVE NEW YORK, NY 10019	13-1923626	501(C)(3)	25,000.	0.			GENERAL PURPOSES
CENTER FOR NATURAL CAPITAL P.O. BOX 901 ORANGE, VA 22960	20-1996189	501(C)(3)	10,000.	0.			GENERAL PURPOSES
CENTER FOR NONPROFIT EXCELLENCE 1701-A ALLIED ST. CHARLOTTESVILLE, VA 22903	20-3412827	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT FOR BLACK EMPOWERMENT COALITION

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CENTER FOR NONPROFIT EXCELLENCE 1701-A ALLIED ST. CHARLOTTESVILLE, VA 22903	20-3412827	501(C)(3)	15,000.	0.			GENERAL PURPOSES
CENTER FOR NONPROFIT EXCELLENCE 1701-A ALLIED ST. CHARLOTTESVILLE, VA 22903	20-3412827	501(C)(3)	7,500.	0.			SUPPORTING THE BOARD ACADEMY
CENTRAL PARK CONSERVANCY 14 EAST 60TH STREET NEW YORK, NY 10022	13-3022855	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CENTRAL VIRGINIA LEGAL AID SOCIETY, INC. - 1000 PRESTON AVENUE, SUITE B - CHARLOTTESVILLE, VA 22903	54-0900644	501(C)(3)	25,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
CERES INC. 99 CHAUNCY STREET, 6TH FLOOR BOSTON, MA 02111	22-3053747	501(C)(3)	50,000.	0.			GENERAL OPERATING GRANT
CHABAD OF CHARLOTTESVILLE 2014 LEWIS MOUNTAIN ROAD CHARLOTTESVILLE, VA 22903	38-3661207	501(C)(3)	30,000.	0.			SUPPORTING JEWISH STUDENTS AT UVA
CHARLOTTESVILLE ABUNDANT LIFE MINISTRIES - P. O. BOX 71 - CHARLOTTESVILLE, VA 22902-0071	54-1858588	501(C)(3)	7,500.	0.			K-8TH AFTER SCHOOL TUTORING PROGRAM
CHARLOTTESVILLE ABUNDANT LIFE MINISTRIES - P. O. BOX 71 - CHARLOTTESVILLE, VA 22902-0071	54-1858588	501(C)(3)	18,776.	0.			COMMUNITY RECOVERY & CATALYST GRANT
CHARLOTTESVILLE AREA DENTAL ACCESS, INC. - 259 HYDRAULIC RIDGE ROAD SUITE 101 - CHARLOTTESVILLE, VA 22901	30-0285625	501(C)(3)	25,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT

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CHARLOTTESVILLE CATHOLIC SCHOOL 1205 PEN PARK ROAD CHARLOTTESVILLE, VA 22901	54-1809350	501(C)(3)	10,000.	0.			FOR DEBT REDUCTION OF THE STEM WING
CHARLOTTESVILLE CATHOLIC SCHOOL 1205 PEN PARK ROAD CHARLOTTESVILLE, VA 22901	54-1809350	501(C)(3)	10,000.	0.			FOR THE DUNSTAN CHAPEL UPGRADE
CHARLOTTESVILLE CITY SCHOOLS 1562 DAIRY ROAD CHARLOTTESVILLE, VA 22903	54-6001203	501(C)(3)	134,000.	0.			GENERAL PURPOSES
CHARLOTTESVILLE CITY SCHOOLS 1562 DAIRY ROAD CHARLOTTESVILLE, VA 22903	54-6001203	501(C)(3)	53,000.	0.			FOR FUNDING AT-HOME MATERIALS FOR CITY PRE-K FAMILIES
CHARLOTTESVILLE CITY SCHOOLS 1562 DAIRY ROAD CHARLOTTESVILLE, VA 22903	54-6001203	501(C)(3)	100,000.	0.			SUPPORTING WALK PROGRAM
CHARLOTTESVILLE DAY SCHOOL 320 10TH ST., NE CHARLOTTESVILLE, VA 22902-5317	26-0496863	501(C)(3)	40,648.	0.			SCHOLARSHIP PROGRAM
CHARLOTTESVILLE DSS PO BOX 911 CHARLOTTESVILLE, VA 22902		GOV	6,000.	0.			THE SUPPORTING ASPIRATIONS PROJECT
CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DR., SUITE 200 CHARLOTTESVILLE, VA 22903-5128	54-1610405	501(C)(3)	87,573.	0.			GENERAL PURPOSES
CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DR., SUITE 200 CHARLOTTESVILLE, VA 22903-5128	54-1610405	501(C)(3)	50,000.	0.			SUPPORTING INTEGRATED CARE

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CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DR., SUITE 200 CHARLOTTESVILLE, VA 22903-5128	54-1610405	501(C)(3)	12,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
CHARLOTTESVILLE POLICE DEPARTMENT FOUNDATION - P. O. BOX 2631 - CHARLOTTESVILLE, VA 22902	38-3688424	501(C)(3)	10,000.	0.			GENERAL PURPOSES
CHARLOTTESVILLE PUBLIC HOUSING ASSOCIATION OF RESIDENTS - 1000 PRESTON AVE, SUITE C - CHARLOTTESVILLE, VA 22903	54-1923243	501(C)(3)	10,000.	0.			THE RESIDENT-INVOLVED REDEVELOPMENT PROGRAM
CHARLOTTESVILLE PUBLIC HOUSING ASSOCIATION OF RESIDENTS - 1000 PRESTON AVE, SUITE C - CHARLOTTESVILLE, VA 22903	54-1923243	501(C)(3)	20,000.	0.			GENERAL PURPOSES
CHARLOTTESVILLE PUBLIC HOUSING ASSOCIATION OF RESIDENTS - 1000 PRESTON AVE, SUITE C - CHARLOTTESVILLE, VA 22903	54-1923243	501(C)(3)	50,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
CHARLOTTESVILLE REDEVELOPMENT AND HOUSING AUTHORITY - C/O CITY OF CHARLOTTESVILLE P. O. BOX 1405 - CHARLOTTESVILLE, VA 22902	54-0653098	501(C)(3)	184,982.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
CHARLOTTESVILLE TOMORROW P.O BOX 1591 CHARLOTTESVILLE, VA 22902	20-3013557	501(C)(3)	30,000.	0.			GENERAL USE
CHARLOTTESVILLE TOMORROW P.O BOX 1591 CHARLOTTESVILLE, VA 22902	20-3013557	501(C)(3)	23,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
CHARLOTTESVILLE WALDORF SCHOOL 120 WALDORF SCHOOL ROAD CHARLOTTESVILLE, VA 22901	54-1209069	501(C)(3)	25,000.	0.			GENERAL PURPOSES

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CHARLOTTESVILLE-ALBEMARLE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - P. O. BOX 7047 - CHARLOTTESVILLE, VA 22906	54-0595009	501(C)(3)	5,250.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS, MD 21403	52-6065757	501(C)(3)	410,000.	0.			GENERAL PURPOSES
CHESAPEAKE CLIMATE ACTION NETWORK P.O. BOX 11138 TAKOMA PARK, MD 20913	11-3644283	501(C)(3)	100,000.	0.			GENERAL OPERATING GRANT
CHILD HEALTH PARTNERSHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	8,000.	0.			LOUISA CHILD HEALTH SERVICES
CHILD HEALTH PARTNERSHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	7,500.	0.			EXPANDED CAPACITY TO LOUISA COUNTY
CHILD HEALTH PARTNERSHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	7,500.	0.			A MINI VAN PURCHASE AND GENERAL SUPPORT
CHILD HEALTH PARTNERSHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	20,000.	0.			NEIGHBORHOOD FOCUSED HOME VISITING TEAM
CHILD HEALTH PARTNERSHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	65,000.	0.			GENERAL PURPOSES
CHILD HEALTH PARTNERSHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	10,000.	0.			NEIGHBORHOOD FOCUSED HOME VISITING TEAM

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CHILD HEALTH PARTNERSHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
CHRIST EPISCOPAL CHURCH 100 W. JEFFERSON ST. CHARLOTTESVILLE, VA 22902		CHURCH	10,000.	0.			GENERAL PURPOSES
CHRIST EPISCOPAL CHURCH 100 W. JEFFERSON ST. CHARLOTTESVILLE, VA 22902		CHURCH	33,000.	0.			GENERAL PURPOSES
CHRIST EPISCOPAL CHURCH 100 W. JEFFERSON ST. CHARLOTTESVILLE, VA 22902		CHURCH	10,000.	0.			GENERAL PURPOSES
CITY OF CHARLOTTESVILLE OFFICE OF ECONOMIC DEVELOPMENT ATTN: HOLLIE LEE P.O. BOX 911 - CHARLOTTESVI		GOV	20,000.	0.			THE HOME TO HOPE PROGRAM
CITY OF HOPE 1055 WILSHIRE BLVD., 12TH FLOOR LOS ANGELES, CA 90017	95-3435919	501(C)(3)	50,000.	0.			THE CHIP HOOPER MEMORIAL FUND
CITY OF PROMISE P.O. BOX 5628 CHARLOTTESVILLE, VA 22905	83-1439722	501(C)(3)	60,000.	0.			GENERAL PURPOSES
CITY OF PROMISE P.O. BOX 5628 CHARLOTTESVILLE, VA 22905	83-1439722	501(C)(3)	15,000.	0.			PATHWAY COACHING FOR CITY OF PROMISE
CITY OF PROMISE P.O. BOX 5628 CHARLOTTESVILLE, VA 22905	83-1439722	501(C)(3)	30,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY SCHOOLYARD GARDEN P. O. BOX 5282 CHARLOTTESVILLE, VA 22905	27-5103914	501(C)(3)	22,000.	0.			SUPPORTING CHARLOTTESVILLE SCHOOL GARDENS AND YOUTH LEADERSHIP TRAINING
CITY SCHOOLYARD GARDEN P. O. BOX 5282 CHARLOTTESVILLE, VA 22905	27-5103914	501(C)(3)	160,000.	0.			"JUST FOOD FOR CHARLOTTESVILLE"
COLLEGIATE SCHOOL ATTN: DIRECTOR OF ANNUAL GIVING P.O. BOX 27928 - RICHMOND, VA 23286-4353	54-0528203	501(C)(3)	25,000.	0.			LEWIS & CLARK PAVILLION
COLORADO STATE UNIVERSITY FOUNDATION - P.O. BOX 1870 - FORT COLLINS, CO 80522	23-7098397	501(C)(3)	25,000.	0.			THE MUSIC BUSINESS PROGRAM
COLUMBIA UNIVERSITY 622 WEST 113TH STREET MAIL CODE 452 NEW YORK, NY 10025	13-5598093	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
COMMON GROUND HEALING ARTS JEFFERSON SCHOOL CITY CENTER 233 4TH ST NW, SUITE 219 - CHARLOTTESVILLE, VA	27-2111863	501(C)(3)	35,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
COMMONWEALTH PUBLIC BROADCASTING 23 SESAME STREET RICHMOND, VA 23235	54-0735782	501(C)(3)	6,000.	0.			CHARLOTTESVILLE INSIDE-OUT
COMMUNITY CLIMATE COLLABORATIVE 306 EAST JEFFERSON ST. SUITE B CHARLOTTESVILLE, VA 22902	83-2065573	501(C)(3)	125,000.	0.			GENERAL PURPOSES
COMMUNITY INVESTMENT COLLABORATIVE PO BOX 2976 CHARLOTTESVILLE, VA 22902-2976	45-4105820	501(C)(3)	6,000.	0.			SCHOLARSHIPS FOR CIC ENTREPRENEURSHIP

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COMMUNITY INVESTMENT COLLABORATIVE PO BOX 2976 CHARLOTTESVILLE, VA 22902-2976	45-4105820	501(C)(3)	25,000.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
COMMUNITY INVESTMENT COLLABORATIVE PO BOX 2976 CHARLOTTESVILLE, VA 22902-2976	45-4105820	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
COMPUTERS4KIDS 945 SECOND STREET, SE CHARLOTTESVILLE, VA 22902	54-1996936	501(C)(3)	20,000.	0.			UNRESTRICTED GIVING
COMPUTERS4KIDS 945 SECOND STREET, SE CHARLOTTESVILLE, VA 22902	54-1996936	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
CONGREGATE CHARLOTTESVILLE P.O. BOX 2293 CHARLOTTESVILLE, VA 22902	82-3599019	501(C)(3)	35,000.	0.			CVILLE COMMUNITY CARES
CONGREGATE CHARLOTTESVILLE P.O. BOX 2293 CHARLOTTESVILLE, VA 22902	82-3599019	501(C)(3)	981,333.	0.			CERF GRANT FOR COVID-19 HOUSEHOLD SUPPORT PROGRAM
CONGREGATE CHARLOTTESVILLE P.O. BOX 2293 CHARLOTTESVILLE, VA 22902	82-3599019	501(C)(3)	21,710.	0.			CVILLE COMMUNITY CARES PRESCRIPTION TEAM'S CERF GRANT RESPONSE TO COVID-19
CONGREGATE CHARLOTTESVILLE P.O. BOX 2293 CHARLOTTESVILLE, VA 22902	82-3599019	501(C)(3)	8,040.	0.			COMMUNITY RECOVERY & CATALYST GRANT
CONGREGATION BETH ISRAEL P. O. BOX 320 CHARLOTTESVILLE, VA 22902	51-0210891	501(C)(3)	6,375.	0.			SUPPORTING JEWISH SYNAGOGUE

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CONSCIOUS CAPITALIST GROUP FOUNDATION INC - PO BOX 2242 - CHARLOTTESVILLE, VA 22902	84-2733195	501(C)(3)	26,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
CONSERVATIVES FOR CLEAN ENERGY INC. - 514 DANIELS STREET, SUITE 197 - RALEIGH, NC 27605	47-1213186	501(C)(3)	50,000.	0.			OPERATING GRANT
CORNELL UNIVERSITY BOX 37334 BOONE, IA 50037-0334	15-0532082	501(C)(3)	6,000.	0.			COLLEGES ARTS SCIENCES ENGINEERING JOHNSON SCHOOL; HOCKEY/LACROSSE/SOC CER
COUNTY OF ALBEMARLE 401 MCINTIRE ROAD CHARLOTTESVILLE, VA 22902		GOV	47,261.	0.			STRENGTHENING SYSTEMS GRANT
CRECIENDO JUNTOS 1740 BROADWAY STREET. CHARLOTTESVILLE, VA 22902	47-2806836	501(C)(3)	25,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
CULTIVATE CHARLOTTESVILLE PO BOX 5282 CHARLOTTESVILLE, VA 22905	27-5103914	501(C)(3)	19,000.	0.			GENERAL PURPOSES
CULTIVATE CHARLOTTESVILLE PO BOX 5282 CHARLOTTESVILLE, VA 22905	27-5103914	501(C)(3)	30,625.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
CULTIVATE CHARLOTTESVILLE PO BOX 5282 CHARLOTTESVILLE, VA 22905	27-5103914	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
CVILLE IMMIGRANT FREEDOM FUND PO BOX 7881 1155 SEMINOLE TRAIL CHARLOTTESVILLE, VA 22906	83-1201014	501(C)(3)	50,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT

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DEEP WATER CAY FAMILY HURRICANE RELIEF EFFORT - 3300 PGA BLVD. SUITE 600 - PALM BEACH GARDENS, FL 33410	84-3180467	501(C)(3)	50,000.	0.			GENERAL PURPOSES
DOGS DESERVE BETTER, INC. - BLUE RIDGE CHAPTER - P.O. BOX 7961 - CHARLOTTESVILLE, VA 22906	03-0480223	501(C)(3)	7,500.	0.			THE FENCES FOR FREEDOM PROJECT
DR. LORNA BREEN HEROES FOUNDATION 1867 WINSTON ROAD CHARLOTTESVILLE, VA 22903	85-1509081	501(C)(3)	10,000.	0.			GENERAL PURPOSES
DUKE UNIVERSITY ALUMNI AND DEVELOPMENT RECORDS BOX DURHAM, NC 27708-0581	56-0532129	501(C)(3)	25,000.	0.			FOR THE ANNE RUSSELL "RUSS" ROBERTSON SCHOLARSHIP FUND
ELEVATE EARLY EDUCATION 12 SOUTH THIRD STREET RICHMOND, VA 23219	30-0759825	501(C)(3)	50,000.	0.			GENERAL PURPOSES
ELK HILL FARM P. O. BOX 99 GOOCHLAND, VA 23063	23-7071154	501(C)(3)	10,000.	0.			FOR THE THERAPEUTIC WILDERNESS EXPLORATION PROGRAM
ELK HILL FARM P. O. BOX 99 GOOCHLAND, VA 23063	23-7071154	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
ELLIS ACRES MEMORIAL PARK INC. P. O. BOX 363 DILLWYN, VA 23936	01-0891952	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
EMMANUEL CHURCH ATTN: SANDY VON THELEN, GENERAL FUND P. O. BOX 38 - GREENWOOD, VA 22943		CHURCH	5,600.	0.			GENERAL FUND, EDUCATION, AND FELLOWSHIP

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EMMANUEL EPISCOPAL CHURCH PO BOX 38 GREENWOOD, VA 22943		CHURCH	15,000.	0.			GENERAL PURPOSES
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	13,717.	0.			GENERAL PURPOSES
EVANGELICAL LUTHERAN CHURCH IN AMERICA - P.O. BOX 1809 - MERRIFIELD, VA 22116	41-1568278	501(C)(3)	35,000.	0.			FOR DISASTER RESPONSE, WORLD HUNGER, AND COVID-19 RESPONSE FUND
FARMINGDALE WRESTLING ALUMNI INC. PO BOX 753 FARMINGDALE, NY 11735	11-3636098	501(C)(3)	25,000.	0.			GENERAL PURPOSES
FEEDING GREENE, INC. 41A FORD AVENUE P.O. BOX 13 STANARDSVILLE, VA 22973	27-4637486	501(C)(3)	10,000.	0.			THE HOME DELIVERY PROGRAM EQUIPMENT UPGRADES
FLUVANNA COUNTY HABITAT FOR HUMANITY - 105 CROFTON PLAZA, SUITE 9 - PALMYRA, VA 22963-4821	54-1640558	501(C)(3)	6,000.	0.			SITE UPGRADES AT HOUCHEMS PLACE
FLUVANNA COUNTY HABITAT FOR HUMANITY - 105 CROFTON PLAZA, SUITE 9 - PALMYRA, VA 22963-4821	54-1640558	501(C)(3)	14,400.	0.			COMMUNITY RECOVERY & CATALYST GRANT
FLUVANNA COUNTY HISTORICAL SOCIETY P.O. BOX 8 PALMYRA, VA 22963	54-1244837	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
FLUVANNA COUNTY NAACP - BRANCH 7067 - P.O. BOX 104 - FORK UNION, VA 23055	90-0139136	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT

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FLUVANNA ECONOMIC DEVELOPMENT AUTHORITY - P.O. BOX 546 - PALMYRA, VA 22963	54-1812009	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT FLUVANNA ECONOMIC DEVELOPMENT AUTH
FLUVANNA MEALS ON WHEELS 105 CROFTON PLAZA, SUITE 8 PALMYRA, VA 22963	26-0185272	501(C)(3)	10,000.	0.			DELIVERIES TO HOMEBOUND RESIDENTS
FLUVANNA MEALS ON WHEELS 105 CROFTON PLAZA, SUITE 8 PALMYRA, VA 22963	26-0185272	501(C)(3)	19,000.	0.			GENERAL OPERATING
FLUVANNA MEALS ON WHEELS 105 CROFTON PLAZA, SUITE 8 PALMYRA, VA 22963	26-0185272	501(C)(3)	6,000.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
FLUVANNA MEALS ON WHEELS 105 CROFTON PLAZA, SUITE 8 PALMYRA, VA 22963	26-0185272	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
FLUVANNA-LOUISA HOUSING FOUNDATION P.O. BOX 160 LOUISA, VA 23093	54-1518967	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
FOCUSED ULTRASOUND FOUNDATION 1230 CEDARS COURT, SUITE F CHARLOTTESVILLE, VA 22903	20-5744808	501(C)(3)	93,333.	0.			GENERAL PURPOSES
FOURTH PRESBYTERIAN CHURCH 126 E. CHESTNUT STREET CHICAGO, IL 60611	36-2167080	501(C)(3)	20,000.	0.			GENERAL SUPPORT.
FRIENDS OF BRILAND AID INC C/O MARK DOWLEY 6 CLIFFDALE RD. GREENWICH, CT 06831	85-0983203	501(C)(3)	20,000.	0.			GENERAL PURPOSES

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FRIENDS OF JEFFERSON-MADISON REGIONAL LIBRARY - 1500 GORDON AVENUE - CHARLOTTESVILLE, VA 22903	54-0834830	501(C)(3)	10,000.	0.			BOOKS BEHIND BARS
FRIENDS OF MOMENTUM BIKE CLUBS 225 SOUTH PLEASANTBURG DRIVE SUITE GREENVILLE, SC 29607	47-1777235	501(C)(3)	150,000.	0.			PROGRAM SUPPORT
FRONT PORCH CVILLE 221 WATER ST. E CHARLOTTESVILLE, VA 22902	47-4040467	501(C)(3)	30,000.	0.			GENERAL PURPOSES
FRONT PORCH CVILLE 221 WATER ST. E CHARLOTTESVILLE, VA 22902	47-4040467	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
GARY COMER YOUTH CENTER A J TAYLOR-VANDERPOOL 7200 S. INGLESIDE AVENUE - CHICAGO, IL 60619	45-5399472	501(C)(3)	10,000.	0.			2020 COMER EDUCATION CAMPUS BENEFIT
GATEWAY HOMES, INC. 4901 LIBBIE MILL E. BLVD SUITE 210 RICHMOND, VA 23230	54-1264177	501(C)(3)	10,000.	0.			GENERAL PURPOSES
GEORGIA'S FRIENDS 405 RIDGE STREET CHARLOTTESVILLE, VA 22902	26-3473764	501(C)(3)	7,500.	0.			GENERAL PURPOSES
GEORGIA'S FRIENDS 405 RIDGE STREET CHARLOTTESVILLE, VA 22902	26-3473764	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
GIVING WORDS INC PO BOX 1211 LOUISA, VA 23093	82-3581429	501(C)(3)	8,000.	0.			LOUISA COUNTY TRANSPORTATION NEEDS

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GIVING WORDS INC PO BOX 1211 LOUISA, VA 23093	82-3581429	501(C)(3)	7,500.	0.			GENERAL PURPOSES
GOOCHLANDCARES INC PO BOX 116 ATTN: MIRRIAM OMAN, DIRECTOR OF FINANCE - GOOCHLAND, VA 23063	54-1967650	501(C)(3)	100,000.	0.			EXAM ROOMS
GOOCHLANDCARES INC PO BOX 116 ATTN: MIRRIAM OMAN, DIRECTOR OF FINANCE - GOOCHLAND, VA 23063	54-1967650	501(C)(3)	10,000.	0.			COVID-19 RESPONSE - DISCRETIONARY USE
GOOCHLANDCARES INC PO BOX 116 ATTN: MIRRIAM OMAN, DIRECTOR OF FINANCE - GOOCHLAND, VA 23063	54-1967650	501(C)(3)	25,000.	0.			COVID-19 RESPONSE
GOOCHLANDCARES INC 2999 RIVER ROAD WEST ATTN: KIM MONE GOOCHLAND, VA 23063	54-1967650	501(C)(3)	15,000.	0.			GENERAL PURPOSES AND/OR CLIENT MEALS A
GOODWILL INDUSTRIES OF THE VALLEYS INC. - P. O. BOX 6159 - ROAOKE, VA 24017	54-0884014	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
GREATER CINCINNATI/OHIO RIVER VALLEY CHAPTER AMERICAN RED CROSS - 2111 DANA AVE. - CINCINNATI, OH 45207	53-0196605	501(C)(3)	10,000.	0.			SUPPORTING YOUTH LEADERSHIP PROGRAM AND DAVID POLLAK AWARD
GREATER NY FOUNDATION INC. 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004	47-4856357	501(C)(3)	50,000.	0.			GENERAL PURPOSES
GREENE CARE CLINIC P. O. BOX 54 STANARDSVILLE, VA 22973-0054	72-1602744	501(C)(3)	10,158.	0.			COMMUNITY RECOVERY & CATALYST GRANT

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GREENE COUNTY SOCIAL SERVICES 10009 SPOTSWOOD TRL. STANARDSVILLE, VA 22973		GOV	15,000.	0.			THE TRANSPORTATION ASSISTANCE PROGRAM IN GREENE CO.
HABITAT FOR HUMANITY OF GREATER CHARLOTTESVILLE - 919 WEST MAIN STREET - CHARLOTTESVILLE, VA 22903	91-1914868	501(C)(3)	56,000.	0.			GENERAL PURPOSES
HABITAT FOR HUMANITY OF GREATER CHARLOTTESVILLE - 919 WEST MAIN STREET - CHARLOTTESVILLE, VA 22903	91-1914868	501(C)(3)	6,480.	0.			SUPPORT FOR HOMEOWNER COUNCIL
HABITAT FOR HUMANITY OF GREATER CHARLOTTESVILLE - 919 WEST MAIN STREET - CHARLOTTESVILLE, VA 22903	91-1914868	501(C)(3)	143,748.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
HABITAT FOR HUMANITY VIRGINIA 4224 COX ROAD GLEN ALLEN, VA 23058	20-2832203	501(C)(3)	16,000.	0.			BLUEBERRY LANE CONSTRUCTION
HAYGROUND SCHOOL, INC. P.O. BOX 1827 BRIDGEHAMPTON, NY 11932	11-3365670	501(C)(3)	100,000.	0.			GENERAL PURPOSES
HEAD COUNT 104 W. 29TH STREET 11TH FLOOR NEW YORK, NY 10001	77-0626772	501(C)(3)	38,060.	0.			GENERAL PURPOSES
HEART AND ARMOR FOUNDATION 1100 GLENDON AVE. SUITE 2000 LOS ANGELES, CA 90024	82-4502174	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HERITAGE CENTER FOOD PANTRY P.O. BOX 281 ROSELAND, VA 22967	83-3197557	501(C)(3)	6,000.	0.			FOOD DISTRIBUTION AND APPLIANCE UPGRADES

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HERITAGE CENTER FOOD PANTRY P.O. BOX 281 ROSELAND, VA 22967	83-3197557	501(C)(3)	25,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
HOLIDAY LAKE 4-H EDUCATIONAL CENTER - 1267 4H CAMP RD. - APPOMATTOX, VA 24522	54-6003131	501(C)(3)	10,000.	0.			SUPPORTING CAMP SCHOLARSHIPS
HORSES AND HUMANS FOUNDATION P.O. BOX 22367 CHAGRIN FALLS, OH 44022	81-0650878	501(C)(3)	10,000.	0.			GENERAL PURPOSES
HORSES AND HUMANS FOUNDATION P.O. BOX 22367 CHAGRIN FALLS, OH 44022	81-0650878	501(C)(3)	25,000.	0.			RESTRICTED GRANT
HOSPICE OF THE PIEDMONT 675 PETER JEFFERSON PARKWAY, SUITE CHARLOTTESVILLE, VA 22911	52-1205921	501(C)(3)	6,000.	0.			THE CENTER FOR CHILDREN'S BEREAVMENT CAMP PROGRAM
HOSPICE OF THE PIEDMONT 675 PETER JEFFERSON PARKWAY, SUITE CHARLOTTESVILLE, VA 22911	52-1205921	501(C)(3)	20,000.	0.			HOSPICE HOUSE RENOVATIONS
HOSPICE OF THE PIEDMONT 675 PETER JEFFERSON PARKWAY, SUITE CHARLOTTESVILLE, VA 22911	52-1205921	501(C)(3)	41,787.	0.			GENERAL PURPOSES
HOSPICE OF THE PIEDMONT 675 PETER JEFFERSON PARKWAY, SUITE CHARLOTTESVILLE, VA 22911	52-1205921	501(C)(3)	10,000.	0.			VETERAN HOSPICE PROGRAM
HOSPICE OF THE PIEDMONT 675 PETER JEFFERSON PARKWAY, SUITE CHARLOTTESVILLE, VA 22911	52-1205921	501(C)(3)	6,600.	0.			FOR CAMPS PROGRAMMING AND FOR JOURNEYS BAGS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE OF THE PIEDMONT 675 PETER JEFFERSON PARKWAY, SUITE CHARLOTTESVILLE, VA 22911	52-1205921	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
HOWARD UNIVERSITY P.O. BOX 417853 BOSTON, MA 02241-7853	53-0204707	501(C)(3)	100,000.	0.			FOR SCHOOL OF EDUCATION'S ADIVUANS CURRENT USE FUND
IMPACT (INTERFAITH MOVEMENT FOR PROMOTING ACTION BY CONGREGATIONS TOGETHER) - C/O ST. PAUL'S MEMORIAL CHURCH 1700 UNIVERSITY	20-4579031	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
INNOCENCE PROJECT AT UNIVERSITY OF VIRGINIA SCHOOL OF LAW - 580 MASSIE ROAD - CHARLOTTESVILLE, VA 22903	54-0838566	501(C)(3)	10,000.	0.			A TWO-YEAR FELLOWSHIP FOR A STAFF ATTORNEY FOR INNOCENCE PROJECT
INNOCENCE PROJECT INC. 40 WORTH STREET, SUITE 701 NEW YORK, NY 10013	32-0077563	501(C)(3)	33,333.	0.			GENERAL PURPOSES
INSTITUTE FOR NONPROFIT NEWS 714 W. OLYMPIC BLVD. NO. 931 LOS ANGELES, CA 90015	27-2614911	501(C)(3)	25,000.	0.			THE WAR HORSE NEWSLETTER
INTERNATIONAL NEIGHBORS 2949 RIGGORY RIDGE RD. CHARLOTTESVILLE, VA 22911	47-4084246	501(C)(3)	35,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
INTERNATIONAL RESCUE COMMITTEE 609 EAST MARKET STREET, SUITE 104 CHARLOTTESVILLE, VA 22902	13-5660870	501(C)(3)	6,500.	0.			THE IMMIGRATION SERVICES PROGRAM
INTERNATIONAL RESCUE COMMITTEE 609 EAST MARKET STREET, SUITE 104 CHARLOTTESVILLE, VA 22902	13-5660870	501(C)(3)	14,000.	0.			NEW ROOTS PROGRAM

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JAMES RIVER ASSOCIATION 4833 OLD MAIN STREET RICHMOND, VA 23231-3035	51-0211913	501(C)(3)	15,000.	0.			SUPPORTING RIVER RATS AND OTHER PROGRAMS
JEFFERSON AREA BOARD FOR AGING INC. - 674 HILLSDALE DRIVE, SUITE 9 - CHARLOTTESVILLE, VA 22901	54-0990078	501(C)(3)	8,000.	0.			OPERATIONS AT THE COMMUNITY SENIOR CENTERS
JEFFERSON AREA BOARD FOR AGING INC. - 674 HILLSDALE DRIVE, SUITE 9 - CHARLOTTESVILLE, VA 22901	54-0990078	501(C)(3)	7,500.	0.			SCOTTSVILLE COMMUNITY CENTER
JEFFERSON AREA BOARD FOR AGING INC. - 674 HILLSDALE DRIVE, SUITE 9 - CHARLOTTESVILLE, VA 22901	54-0990078	501(C)(3)	20,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
JEFFERSON SCHOOL AFRICAN-AMERICAN HERITAGE CENTER - 233 4TH NW - CHARLOTTESVILLE, VA 22903	47-5411481	501(C)(3)	10,000.	0.			THE EMBRACING OUR NARRATIVE CURRICULUM
JEFFERSON SCHOOL AFRICAN-AMERICAN HERITAGE CENTER - 233 4TH NW - CHARLOTTESVILLE, VA 22903	47-5411481	501(C)(3)	6,970.	0.			GENERAL PURPOSES
JEFFERSON SCHOOL AFRICAN-AMERICAN HERITAGE CENTER - 233 4TH NW - CHARLOTTESVILLE, VA 22903	47-5411481	501(C)(3)	15,000.	0.			EDUCATION PROGRAM
JEFFERSON SCHOOL AFRICAN-AMERICAN HERITAGE CENTER - 233 4TH NW - CHARLOTTESVILLE, VA 22903	47-5411481	501(C)(3)	35,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
KIRCHNER IMPACT FOUNDATION C/O KATHERYN LINTON 2500 WOODCREST BIRMINGHAM, AL 35209	47-2825936	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

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LAFAYETTE SCHOOL 103 ZION STATION ROAD TROY, VA 22974	31-1664802	501(C)(3)	10,000.	0.			THERAPEUTIC PROGRAMS
LAFAYETTE SCHOOL 103 ZION STATION ROAD TROY, VA 22974	31-1664802	501(C)(3)	20,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
LAKE WASHINGTON GIRLS MIDDLE SCHOOL - 810 18TH AVE - SEATTLE, WA 98122	91-1835055	501(C)(3)	90,000.	0.			SCHOLARSHIP PROGRAM
LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE, SUITE A CHARLOTTESVILLE, VA 22903	54-0884513	501(C)(3)	10,000.	0.			LEGAL SUPPORT TO AFFORDABLE HOUSING EFFORTS
LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE, SUITE A CHARLOTTESVILLE, VA 22903	54-0884513	501(C)(3)	37,000.	0.			GENERAL PURPOSES
LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE, SUITE A CHARLOTTESVILLE, VA 22903	54-0884513	501(C)(3)	25,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
LEWIS AND CLARK EXPLORATORY CENTER OF VIRGINIA - P. O. BOX 281 - CHARLOTTESVILLE, VA 22902	54-2014680	501(C)(3)	10,000.	0.			UNRESTRICTED GIVING
LIGHT HOUSE STUDIO 121 EAST WATER STREET CHARLOTTESVILLE, VA 22902	54-2033510	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
LIGHT HOUSE STUDIO 121 EAST WATER STREET CHARLOTTESVILLE, VA 22902	54-2033510	501(C)(3)	15,000.	0.			FOR PSA PROJECT, PERRY FOUNDATION CAPITAL DRIVE

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LIGHT HOUSE STUDIO 121 EAST WATER STREET CHARLOTTESVILLE, VA 22902	54-2033510	501(C)(3)	10,000.	0.			UNRESTRICTED GIVING
LIGHT HOUSE STUDIO 121 EAST WATER STREET CHARLOTTESVILLE, VA 22902	54-2033510	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
LITERACY VOLUNTEERS OF AMERICA-CHARLOTTESVILLE/ALBEMARLE - 233 FOURTH ST., NW - CHARLOTTESVILLE, VA 22903	35-2220618	501(C)(3)	20,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
LIVE ARTS P. O. BOX 1231 CHARLOTTESVILLE, VA 22902	54-1527799	501(C)(3)	10,000.	0.			MAY MATCH CHALLENGE FOR "ANGELS"
LIVE ARTS P. O. BOX 1231 CHARLOTTESVILLE, VA 22902	54-1527799	501(C)(3)	29,270.	0.			GENERAL PURPOSES
LIVE ARTS P. O. BOX 1231 CHARLOTTESVILLE, VA 22902	54-1527799	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
LOAVES & FISHES FOOD PANTRY INC. 2050 LAMBS RD. CHARLOTTESVILLE, VA 22901	45-1498743	501(C)(3)	49,000.	0.			GENERAL PURPOSES
LOAVES & FISHES FOOD PANTRY INC. 2050 LAMBS RD. CHARLOTTESVILLE, VA 22901	45-1498743	501(C)(3)	25,000.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
LOAVES & FISHES FOOD PANTRY INC. 2050 LAMBS RD. CHARLOTTESVILLE, VA 22901	45-1498743	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT

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LOCAL ENERGY ALLIANCE PROGRAM 608 RIDGE STREET CHARLOTTESVILLE, VA 22902	27-1155142	501(C)(3)	44,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
LOCAL FOOD HUB P. O. BOX 4647 CHARLOTTESVILLE, VA 22905-4647	26-4137130	501(C)(3)	10,000.	0.			THE FRESH FARMACY PROGRAM
LOCAL FOOD HUB P. O. BOX 4647 CHARLOTTESVILLE, VA 22905-4647	26-4137130	501(C)(3)	24,000.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
LOCAL FOOD HUB P. O. BOX 4647 CHARLOTTESVILLE, VA 22905-4647	26-4137130	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
LOUISA ARTS CENTER 212 FREDERICKSBURG AVE. PO BOX 2119 LOUISA, VA 23117	54-2148881	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT FOR LOUISA ARTS CENTER
LOUISA COUNTY DEPARTMENT OF HUMAN SERVICES - P. O. BOX 425 - LOUISA, VA 23093	54-6001397	501(C)(3)	10,000.	0.			LOUISA COUNTY REENTRY COUNCIL TRANSPORTATION
LOUISA COUNTY HISTORICAL SOCIETY P.O. BOX 1172 LOUISA, VA 23093	23-7058587	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
LOUISA COUNTY RESOURCE COUNCIL PO BOX 52 LOUISA, VA 23093	54-1648752	501(C)(3)	17,500.	0.			THE DENTAL ASSISTANCE VOUCHER PROGRAM
LOUISA COUNTY RESOURCE COUNCIL PO BOX 52 LOUISA, VA 23093	54-1648752	501(C)(3)	22,000.	0.			A GENERAL OPERATING GRANT

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LOUISA COUNTY RESOURCE COUNCIL PO BOX 52 LOUISA, VA 23093	54-1648752	501(C)(3)	24,000.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
LOUISA COUNTY RESOURCE COUNCIL PO BOX 52 LOUISA, VA 23093	54-1648752	501(C)(3)	25,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
LOUISA DOWNTOWN DEVELOPMENT CORPORATION - PO BOX 2119 - LOUISA, VA 23093	54-2148881	501(C)(3)	7,270.	0.			GENERAL PURPOSES
LOVE OUTREACH FOOD PANTRY P.O. BOX 788 ORANGE, VA 22960	54-1475154	501(C)(3)	6,500.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
MARY BALDWIN UNIVERSITY UNIVERSITY ADVANCEMENT P. O. BOX 15 STAUNTON, VA 24402	54-0506319	501(C)(3)	50,000.	0.			GENERAL PURPOSES
MEALS ON WHEELS OF CHARLOTTESVILLE-ALBEMARLE - 704 ROSE HILL DRIVE - CHARLOTTESVILLE, VA 22903	54-1061454	501(C)(3)	29,611.	0.			GENERAL PURPOSES
MEALS ON WHEELS OF CHARLOTTESVILLE-ALBEMARLE - 704 ROSE HILL DRIVE - CHARLOTTESVILLE, VA 22903	54-1061454	501(C)(3)	25,000.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
MEALS ON WHEELS OF CHARLOTTESVILLE-ALBEMARLE - 704 ROSE HILL DRIVE - CHARLOTTESVILLE, VA 22903	54-1061454	501(C)(3)	39,320.	0.			COMMUNITY RECOVERY & CATALYST GRANT
MEDIATION CENTER OF CHARLOTTESVILLE - P.O. BOX 133 - CHARLOTTESVILLE, VA 22902	20-0199872	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT

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MEDICAL COLLEGE OF VIRGINIA FOUNDATION - PO BOX 980567 - RICHMOND, VA 23298-0234	54-6053660	501(C)(3)	7,500.	0.			SCHOOL OF NURSING WAR HEROES SCHOLARSHIPS
MILLENNIUM GROUP P. O. BOX 23 LOVINGSTON, VA 22949	20-0179105	501(C)(3)	50,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
MILLER SCHOOL OF ALBEMARLE 1000 SAMUEL MILLER LOOP CHARLOTTESVILLE, VA 22903	54-0515717	501(C)(3)	5,614.	0.			SUPPORT OF THE LIBRARY
MILLER SCHOOL OF ALBEMARLE 1000 SAMUEL MILLER LOOP CHARLOTTESVILLE, VA 22903	54-0515717	501(C)(3)	13,941.	0.			RESTRICTED GRANT
MILLER SCHOOL OF ALBEMARLE 1000 SAMUEL MILLER LOOP CHARLOTTESVILLE, VA 22903	54-0515717	501(C)(3)	8,050.	0.			SCHOLARSHIPS & BOOKS
MIMA MUSIC PO BOX 1513 TROY, MI 48099	06-1736291	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
MISSOURI RIVER EDUCATIONAL COOPERATIVE FOUNDATION - 128 SOO LINE DR. SUITE 102 - BISMARCK, ND 58501	47-1648178	501(C)(3)	30,700.	0.			FUNDING THE BACKPACK FOOD PROGRAM AT STANDING ROCK ELEMENTARY SCHOOL
MONTESSORI EDUCATION TRUST INC. 631 CUTLER LANE CHARLOTTESVILLE, VA 22901	31-1712963	501(C)(3)	20,000.	0.			GENERAL PURPOSES
MONTICELLO AREA COMMUNITY ACTION AGENCY - 1025 PARK STREET - CHARLOTTESVILLE, VA 22901	54-0799964	501(C)(3)	10,000.	0.			SUPPORTING THE RURAL OUTREACH SPECIALIST

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MONTICELLO AREA COMMUNITY ACTION AGENCY - 1025 PARK STREET - CHARLOTTESVILLE, VA 22901	54-0799964	501(C)(3)	46,729.	0.			COMMUNITY RECOVERY & CATALYST GRANT
MONTPELIER FOUNDATION JAMES MADISON'S MONTPELIER PO BOX 9 ORANGE, VA 22960	31-1620682	501(C)(3)	100,000.	0.			STRENGTHENING SYSTEMS GRANT
MOTHERS OUT FRONT INC. PO BOX 55071 #23686 BOSTON, MA 02205-5071	46-5758600	501(C)(3)	28,750.	0.			PROJECT PLAN FOR VIRGINIA EXPANSION
MUNICIPAL BAND OF CHARLOTTESVILLE 1119 5TH ST. SW SUITE B CHARLOTTESVILLE, VA 22902	54-6000058	501(C)(3)	75,000.	0.			GENERAL PURPOSES
MUSIC HEALTH ALLIANCE 2737 LARMON DRIVE NASHVILLE, TN 37204	46-0997164	501(C)(3)	10,724.	0.			GENERAL PURPOSES
MUSICIANS UNITED TO SERVE THE YOUTH OF CHARLOTTESVILLE - D/B/A MUSIC RESOURCE CENTER 105 RIDGE STREET - CHARLOTTESVILLE, VA	54-1678386	501(C)(3)	16,970.	0.			GENERAL PURPOSES
MUSICIANS UNITED TO SERVE THE YOUTH OF CHARLOTTESVILLE - D/B/A MUSIC RESOURCE CENTER 105 RIDGE STREET - CHARLOTTESVILLE, VA	54-1678386	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
NATIONAL COALITION OF 100 BLACK WOMEN INC. OF THE CHARLOTTESVILLE METROPOLITAN A - 2146 BERKMAR DRIVE - CHARLOTTESVILLE, VA	82-0966957	501(C)(3)	14,250.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	123,556.	0.			GENERAL PURPOSES

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NATURE CONSERVANCY - VIRGINIA CHAPTER - 652 PETER JEFFERSON PARKWAY SUITE 190 - CHARLOTTESVILLE, VA 22911	53-0242652	501(C)(3)	10,000.	0.			CLINCH VALLEY PROGRAM OF TNC VIRGINIA
NCH CENTER FOR PHILANTHROPY 350 7TH ST. N NAPLES, FL 34102	59-2314655	501(C)(3)	7,500.	0.			GENERAL PURPOSES
NELSON COMMUNITY WELLNESS ALLIANCE, INC - 8445 THOMAS NELSON HIGHWAY, SUITE 109 - LOVINGSTON, VA 22949	85-1231946	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
NELSON COUNTY COMMUNITY DEVELOPMENT FOUNDATION - PO BOX 57 - LOVINGSTON, VA 22949	54-1509522	501(C)(3)	180,000.	0.			PROGRAM SUPPORT
NELSON COUNTY COMMUNITY FUND P. O. BOX 253 NELLYSFORD, VA 22958	84-2052719	501(C)(3)	78,000.	0.			FOR GRANT DISTRIBUTIONS BY NCCF
NELSON COUNTY EDUCATION FOUNDATION 2305 DUTCH CREEK LANE SHIPMAN, VA 22971	54-1371868	501(C)(3)	87,000.	0.			PROGRAM SUPPORT
NELSON COUNTY EDUCATION FOUNDATION 2305 DUTCH CREEK LANE SHIPMAN, VA 22971	54-1371868	501(C)(3)	15,000.	0.			THE ANNUAL MINI-GRANT PROGRAM FOR NELSON COUNTY PUBLIC SCHOOL TEACHERS
NEO PHILANTHROPY, INC. 45 WEST 36TH ST., 6TH FLOOR NEW YORK, NY 10018	13-3191113	501(C)(3)	10,000.	0.			GENERAL PURPOSES
NEW CITY ARTS INITIATIVE P. O. BOX 1293 CHARLOTTESVILLE, VA 22902	27-1865371	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT

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NEW HILL DEVELOPMENT CORPORATION 401 E. MARKET ST, SUITE 14 CHARLOTTESVILLE, VA 22902	83-1107639	501(C)(3)	7,500.	0.			GENERAL PURPOSES
NEW HILL DEVELOPMENT CORPORATION 401 E. MARKET ST, SUITE 14 CHARLOTTESVILLE, VA 22902	83-1107639	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
NEW VIRGINIA MAJORITY EDUCATION FUND - 3801 MOUNT VERNON AVE. - ALEXANDRIA, VA 22305	27-1705920	501(C)(3)	60,000.	0.			SUPPORTING CIVIC ENGAGEMENT EFFORTS
NORTH CAROLINA CENTRAL UNIVERSITY FOUNDATION - 1801 FAYETTEVILLE ST. 29 WILLIAM JONES BUILDING - DURHAM, NC 27707	23-7410301	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NORTH GARDEN AREA CHRISTIAN COMMUNITY, INC. (NGACC) - 1688 DUDLEY MTN RD - CHARLOTTESVILLE, VA 22903	81-2918189	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
OAR/JEFFERSON AREA COMMUNITY CORRECTIONS - 750 HARRIS STREET, SUITE 207 - CHARLOTTESVILLE, VA 22903	23-7382389	501(C)(3)	84,475.	0.			STRENGTHENING SYSTEMS GRANT
OAR/JEFFERSON AREA COMMUNITY CORRECTIONS - 750 HARRIS STREET, SUITE 207 - CHARLOTTESVILLE, VA 22903	23-7382389	501(C)(3)	25,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
OLA OF EASTERN LONG ISLAND INC. P.O. BOX 278 SAGAPONACK, NY 11962	43-1997489	501(C)(3)	1,955,820.	0.			PROGRAM SUPPORT
OLA OF EASTERN LONG ISLAND INC. P.O. BOX 278 SAGAPONACK, NY 11962	43-1997489	501(C)(3)	170,000.	0.			CHROMEBOOKS

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ON OUR OWN CHARLOTTESVILLE PO BOX 1066 CHARLOTTESVILLE, VA 22902	54-1583431	501(C)(3)	65,000.	0.			GENERAL PURPOSES
ON OUR OWN CHARLOTTESVILLE PO BOX 1066 CHARLOTTESVILLE, VA 22902	54-1583431	501(C)(3)	25,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
ONE SHARED STORY PO BOX 633 GORDONSVILLE, VA 22942	82-4701156	501(C)(3)	7,500.	0.			HUMAN RESOURCES AND EQUIPMENT
ONE SHARED STORY PO BOX 633 GORDONSVILLE, VA 22942	82-4701156	501(C)(3)	23,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
ORANGE COUNTY FREE CLINIC 101 C WOODMARK STREET P.O. BOX 441 ORANGE, VA 22960	25-1922019	501(C)(3)	25,000.	0.			A GENERAL OPERATING GRANT
ORANGE COUNTY FREE CLINIC 101 C WOODMARK STREET P.O. BOX 441 ORANGE, VA 22960	25-1922019	501(C)(3)	32,625.	0.			COMMUNITY RECOVERY & CATALYST GRANT
ORANGE COUNTY PUBLIC SCHOOLS 200 DAILEY DRIVE ORANGE, VA 22960		GOV	8,000.	0.			FUNDING THE 3E PROGRAM
ORANGE VOLUNTEER FIRE COMPANY INC. 205 CAROLINE STREET ORANGE, VA 22960	54-6052631	501(C)(3)	7,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
PARTNER FOR MENTAL HEALTH 911 EAST JEFFERSON STREET CHARLOTTESVILLE, VA 22902	54-0789661	501(C)(3)	15,000.	0.			GENERAL OPERATING FUNDS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNER FOR MENTAL HEALTH 911 EAST JEFFERSON STREET CHARLOTTESVILLE, VA 22902	54-0789661	501(C)(3)	52,551.	0.			STRENGTHENING SYSTEMS GRANT
PATH WITH ART 312 2ND AVE S SEATTLE, WA 98104	26-0599518	501(C)(3)	100,000.	0.			CAPITAL CAMPAIGN
PB AND J FUND 204 EAST MARKET STREET CHARLOTTESVILLE, VA 22902	26-3750710	501(C)(3)	10,000.	0.			GENERAL PURPOSES
PENNSYLVANIA VOICE 123 SOUTH BROAD STREET SUITE 630 PHILADELPHIA, PA 19109	81-1141448	501(C)(3)	60,000.	0.			SUPPORTING CIVIC ENGAGEMENT EFFORTS
PEOPLE AND CONGREGATIONS ENGAGED IN MINISTRY (PACEM) - PO BOX 14 - CHARLOTTESVILLE, VA 22902	20-1434855	501(C)(3)	7,000.	0.			THE SECURE SENIORS PROGRAM
PEOPLE AND CONGREGATIONS ENGAGED IN MINISTRY (PACEM) - PO BOX 14 - CHARLOTTESVILLE, VA 22902	20-1434855	501(C)(3)	10,000.	0.			UNRESTRICTED GIVING
PIEDMONT CASA 818 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-1704064	501(C)(3)	22,600.	0.			GENERAL PURPOSES
PIEDMONT CASA 818 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-1704064	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
PIEDMONT FAMILY YMCA 151 MCINTIRE PARK DRIVE CHARLOTTESVILLE, VA 22902	54-1717336	501(C)(3)	33,333.	0.			FOR THE CLUB'S DIVERSITY EFFORTS WITHIN MEMBERSHIP AND PROGRAMMING

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PIEDMONT FAMILY YMCA 151 MCINTIRE PARK DRIVE CHARLOTTESVILLE, VA 22902	54-1717336	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
PIEDMONT HABITAT FOR HUMANITY PO BOX 816 FARMVILLE, VA 23901	54-1599433	501(C)(3)	9,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
PIEDMONT HOUSE, INC. 1800 MONTICELLO AVENUE CHARLOTTESVILLE, VA 22902	54-2027521	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
PIEDMONT HOUSING ALLIANCE 682 BERKMAR CIRCLE CHARLOTTESVILLE, VA 22901	52-1361731	501(C)(3)	750,000.	0.			FRIENDSHIP COURT EARLY CHILDHOOD CENTER
PIEDMONT HOUSING ALLIANCE 682 BERKMAR CIRCLE CHARLOTTESVILLE, VA 22901	52-1361731	501(C)(3)	20,000.	0.			FOR RESIDENT SUPPORT
PIEDMONT HOUSING ALLIANCE 682 BERKMAR CIRCLE CHARLOTTESVILLE, VA 22901	52-1361731	501(C)(3)	26,000.	0.			GENERAL PURPOSES
PIEDMONT HOUSING ALLIANCE 682 BERKMAR CIRCLE CHARLOTTESVILLE, VA 22901	52-1361731	501(C)(3)	101,690.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
PIEDMONT HOUSING ALLIANCE 682 BERKMAR CIRCLE CHARLOTTESVILLE, VA 22901	52-1361731	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
PIEDMONT REGIONAL DENTAL CLINIC P. O. BOX 151 ORANGE, VA 22960	27-0625764	501(C)(3)	25,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT

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PIEDMONT VIRGINIA COMMUNITY COLLEGE - 501 COLLEGE DRIVE - CHARLOTTESVILLE, VA 22902		GOV	25,000.	0.			SCHOLARSHIPS
PIEDMONT VIRGINIA COMMUNITY COLLEGE - 501 COLLEGE DRIVE - CHARLOTTESVILLE, VA 22902		GOV	50,000.	0.			NETWORK2WORK
PIEDMONT VIRGINIA COMMUNITY COLLEGE - 501 COLLEGE DRIVE - CHARLOTTESVILLE, VA 22902		GOV	30,000.	0.			UNRESTRICTED STUDENT SUPPORT
PIEDMONT VIRGINIA COMMUNITY COLLEGE - 501 COLLEGE DRIVE - CHARLOTTESVILLE, VA 22902		GOV	30,000.	0.			MENTOR COORDINATOR FOR GREAT EXPECTATIONS
PIEDMONT VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 501 COLLEGE DRIVE - CHARLOTTESVILLE, VA 22902	52-1241773	501(C)(3)	45,576.	0.			TO SUPPORT NURSING SCHOLARSHIPS AND NURSING EDUCATION
PIEDMONT VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 501 COLLEGE DRIVE - CHARLOTTESVILLE, VA 22902	52-1241773	501(C)(3)	11,875.	0.			COMMUNITY RECOVERY & CATALYST GRANT
PILGRIM BAPTIST CHURCH 211 ALBEMARLE STREET CHARLOTTESVILLE, VA 22903	54-1269751	501(C)(3)	50,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
PLANNED PARENTHOOD HUDSON PECONIC, INC. - 570 TAXTER RD. SUITE 250 - ELMSFORD, NY 10523	11-2454790	501(C)(3)	100,000.	0.			GENERAL PURPOSES
PLANNED PARENTHOOD OF GREATER NEW YORK INC - 26 BLEECKER STREET, 6TH FLOOR - NEW YORK, NY 10012	13-2621497	501(C)(3)	50,000.	0.			GENERAL PURPOSES

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PLANNED PARENTHOOD SOUTH ATLANTIC 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901	56-1282557	501(C)(3)	32,000.	0.			GENERAL PURPOSES
PLANNED PARENTHOOD SOUTH ATLANTIC 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901	56-1282557	501(C)(3)	25,000.	0.			SUPPORTING PPSAT CLINICS IN CHARLOTTESVILLE AND ROANOKE
POSTPARTUM SUPPORT VIRGINIA PO BOX 7521 ARLINGTON, VA 22554	26-3029233	501(C)(3)	7,500.	0.			THE LAUNCH OF THE PEER-TO-PEER MENTOR PROGRAM
PREVENT CHILD ABUSE VIRGINIA ATTN: SANDRA VYTLACIL 8100 THREE CHOPT ROAD, SUITE 212 - RICHMOND, VA 2322	54-1149882	501(C)(3)	33,333.	0.			GENERAL OPERATING SUPPORT
PRIME COALITION INC. 104 MT. AUBURN ST CAMBRIDGE, MA 02138	46-4621007	501(C)(3)	150,000.	0.			PRIME IMPACT FUND
REACH OUT AND READ ATTN: CALLEE BOULWARE 18 PLOTT DR. SYLVA, NC 28779	04-3481253	501(C)(3)	15,000.	0.			FOR PEDIATRIC ASSOCIATES OF CHARLOTTESVILLE, SITE #9450
READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	6,000.	0.			INSIDE OUT LOUISA COUNTY
READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	15,000.	0.			GENERAL PURPOSES
READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	50,000.	0.			READY STEPS EXPANSION

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READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	40,000.	0.			GENERAL PURPOSES
READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	6,000.	0.			VARIOUS PROJECTS
READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	25,000.	0.			THE TEEN COUNSELING PROGRAM
READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
REGION TEN COMMUNITY SERVICES BOARD - DEVELOPMENT OFFICE ATTN: REBECCA KENDALL 500 OLD LYNCHBURG RD, SUITE 212 - CHARLOTTESVILLE,	54-1625290	501(C)(3)	7,000.	0.			THE COMMUNITY HEALTH AND WELLNESS COALITION
REGION TEN COMMUNITY SERVICES BOARD - DEVELOPMENT OFFICE 500 OLD LYNCHBURG RD SUITE 212 - CHARLOTTESVILLE, VA 22902	54-1625290	501(C)(3)	15,000.	0.			OPERATING GRANT TO SUPPORT THE WOMEN'S TREATMENT CENTER
REGION TEN COMMUNITY SERVICES BOARD - DEVELOPMENT OFFICE 500 OLD LYNCHBURG RD SUITE 212 - CHARLOTTESVILLE, VA 22902	54-1625290	501(C)(3)	12,500.	0.			UNRESTRICTED GIVING FOR THE MENTAL HEALTH AND WELLNESS COALITION
REGIS UNIVERSITY 3333 REGIS BLVD., B-16 DENVER, CO 80221	84-0402707	501(C)(3)	24,500.	0.			CPT CHARLES M. DEGRUY USN NURSING ENDOWED SCHOLARSHIP/ANNUAL SCHOLARSHIP
REPAIRERS OF THE BREACH INC. P.O. BOX 1638 GOLDSBORO, NC 27533	46-3332424	501(C)(3)	10,000.	0.			THE POOR PEOPLE'S CAMPAIGN

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REPRESENT US EDUCATION FUND P.O. BOX 60008 FLORENCE, MA 01062	26-3088283	501(C)(3)	50,000.	0.			GENERAL PURPOSES
RESILIENCE EDUCATION PO BOX 4631 CHARLOTTESVILLE, VA 22905	46-1134670	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
RIVANNA CONSERVATION ALLIANCE 1150 RIVER ROAD SUITE 1 CHARLOTTESVILLE, VA 22901	52-0194008	501(C)(3)	14,347.	0.			TELLING WATERSHED STORIES THROUGH FILM PROGRAM
RIVES C. MINOR AND ASALIE M. PRESTON EDUCATIONAL FOUNDATION - P.O. BOX 274 - CHARLOTTESVILLE, VA 22902	52-1279007	501(C)(3)	10,000.	0.			GENERAL PURPOSES
RIVES C. MINOR AND ASALIE M. PRESTON EDUCATIONAL FUND, INC. - P.O. BOX 274 - CHARLOTTESVILLE, VA 22902	52-1279007	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
ROCKFISH WILDLIFE SANCTUARY PO BOX 3 CHARLOTTESVILLE, VA 22902	51-0498181	501(C)(3)	15,000.	0.			UNRESTRICTED GIVING
ROCKY MOUNTAIN BIOLOGICAL LABORATORY AT GOTHIC - P. O. BOX 519 - CRESTED BUTTE, CO 81224	84-6050523	501(C)(3)	6,500.	0.			THE ANNUAL FUND
ROOSEVELT HIGH SCHOOL FOUNDATION P.O. BOX 15791 SEATTLE, WA 98115	76-0732686	501(C)(3)	25,000.	0.			SUPPORTING UNMET NEEDS OF LOW INCOME STUDENTS
RX DRUG ACCESS PARTNERSHIP 1500 FOREST AVE. SUITE 201 RICHMOND, VA 23229	57-1186937	501(C)(3)	7,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT

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SALVATION ARMY P. O. BOX 296 CHARLOTTESVILLE, VA 22902	22-2406433	501(C)(3)	30,000.	0.			GENERAL PURPOSES
SARARA INSTITUTE 1031 33RD ST. DENVER, CO 80205	82-2386824	501(C)(3)	10,000.	0.			RECOVERY EFFORTS FOR PIUS
SARARA INSTITUTE 1031 33RD ST. DENVER, CO 80205	82-2386824	501(C)(3)	75,000.	0.			GENERAL PURPOSES
SARARA INSTITUTE 1031 33RD ST. DENVER, CO 80205	82-2386824	501(C)(3)	200,254.	0.			THE RETETI HOUSE LODGE PROJECT
SAVE THE CHILDREN FEDERATION 501 KINGS HWY EAST FAIRFIELD, CT 06825	06-0726487	501(C)(3)	37,496.	0.			GENERAL PURPOSES
SCHOOL OF BUSINESS FOUNDATION VIRGINIA COMMONWEALTH UNIVERSITY BOX 844000 - RICHMOND, VA 23284-4000	20-2661802	501(C)(3)	60,000.	0.			FOR THE DA VINCI STOREFRONT PROJECT, AND FOR THE BISHOP NEW ECONOMY THINKER
SCOTTSVILLE CENTER FOR ARTS AND NATURE - PO BOX 725 - SCOTTSVILLE, VA 24590	11-3725071	501(C)(3)	6,000.	0.			PRANA 2019 GRANT
SCOTTSVILLE CENTER FOR ARTS AND NATURE - PO BOX 725 - SCOTTSVILLE, VA 24590	11-3725071	501(C)(3)	12,441.	0.			COMMUNITY RECOVERY & CATALYST GRANT
SEATTLE JAZZED 3201 E. REPUBLICAN ST. SEATTLE, WA 98112	27-1440873	501(C)(3)	25,000.	0.			GENERAL PURPOSES

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SECOND STREET GALLERY 115 2ND STREET SE CHARLOTTESVILLE, VA 22902	23-7236126	501(C)(3)	7,500.	0.			OCTOBER EXHIBIT IN MAIN GALLERY
SECOND STREET GALLERY 115 2ND STREET SE CHARLOTTESVILLE, VA 22902	23-7236126	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
SENTARA MARTHA JEFFERSON HOSPITAL FOUNDATION - 500 MARTHA JEFFERSON DRIVE - CHARLOTTESVILLE, VA 22911	30-0041113	501(C)(3)	45,879.	0.			TO SUPPORT NURSING SCHOLARSHIPS AND NURSING EDUCATION
SENTARA MARTHA JEFFERSON HOSPITAL FOUNDATION - 500 MARTHA JEFFERSON DRIVE - CHARLOTTESVILLE, VA 22911	30-0041113	501(C)(3)	50,000.	0.			GENERAL PURPOSES
SENTARA MARTHA JEFFERSON HOSPITAL FOUNDATION - 500 MARTHA JEFFERSON DRIVE - CHARLOTTESVILLE, VA 22911	30-0041113	501(C)(3)	10,000.	0.			THE EMERGENCY RESPONSE FUND
SEXUAL ASSAULT RESOURCE AGENCY 335 GREENBRIAR DR., SUITE 102 CHARLOTTESVILLE, VA 22901	54-1118534	501(C)(3)	25,000.	0.			GENERAL PURPOSES
SEXUAL ASSAULT RESOURCE AGENCY 335 GREENBRIAR DR., SUITE 102 CHARLOTTESVILLE, VA 22901	54-1118534	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
SHELTER FOR HELP IN EMERGENCY PO BOX 1013 CHARLOTTESVILLE, VA 22902	54-1082222	501(C)(3)	25,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
SHENANDOAH NATIONAL PARK TRUST 1750 ALLIED STREET SUITE C CHARLOTTESVILLE, VA 22903	20-8685310	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT

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SIN BARRERAS/ WITHOUT BORDERS P.O. BOX 6433 CHARLOTTESVILLE, VA 22906	46-1040727	501(C)(3)	5,250.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
SIN BARRERAS/ WITHOUT BORDERS P.O. BOX 6433 CHARLOTTESVILLE, VA 22906	46-1040727	501(C)(3)	15,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
SOCCER ORGANIZATION OF CHARLOTTESVILLE-ALBEMARLE (SOCA) - 1685 POLO GROUNDS ROAD - CHARLOTTESVILLE, VA 22911	52-1336900	501(C)(3)	15,000.	0.			AIDING THE BELVEDERE PROJECT
SOCCER ORGANIZATION OF CHARLOTTESVILLE-ALBEMARLE (SOCA) - 1685 POLO GROUNDS ROAD - CHARLOTTESVILLE, VA 22911	52-1336900	501(C)(3)	9,000.	0.			NEW INDOOR FIELDHOUSE
SOLAR UNITED NEIGHBORS 1350 CONNECTICUT AVE. NW SUITE 412 WASHINGTON, DC 20036	46-2462990	501(C)(3)	50,000.	0.			OPERATING GRANT
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN ST., SUITE 14 CHARLOTTESVILLE, VA 22902-5065	52-1436778	501(C)(3)	45,000.	0.			GENERAL PURPOSES
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN ST., SUITE 14 CHARLOTTESVILLE, VA 22902-5065	52-1436778	501(C)(3)	26,750.	0.			SCC ENGAGEMENT STRATEGY ON NATURAL GAS
ST. ANNE'S-BELFIELD SCHOOL DEVELOPMENT OFFICE 2132 IVY ROAD CHARLOTTESVILLE, VA 22901	54-0880465	501(C)(3)	10,000.	0.			SAINT CARES FUND
ST. ANNE'S-BELFIELD SCHOOL DEVELOPMENT OFFICE 2132 IVY ROAD CHARLOTTESVILLE, VA 22901	54-0880465	501(C)(3)	10,000.	0.			SUPPORTING THE ARTS AND MEDIA PROGRAMMING

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ST. PAUL'S MEMORIAL CHURCH 1700 UNIVERSITY AVENUE CHARLOTTESVILLE, VA 22903	54-0584101	501(C)(3)	11,000.	0.			GENERAL PURPOSES
STANLEY M. ISAACS NEIGHBORHOOD CENTER - 415 EAST 93RD STREET - NEW YORK, NY 10128-6904	13-2572034	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
STATE VOICES ATTN: DEVELOPMENT DEPARTMENT 1616 P STREET NW, SUITE #220 - WASHINGTON, DC	20-1115618	501(C)(3)	60,000.	0.			MICHIGAN VOICES
STATUE OF LIBERTY ELLIS ISLAND FOUNDATION - 17 BATTERY PLACE - NEW YORK, NY 10004	13-3118415	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
STAUNTON-AUGUSTA-WAYNESBORO HABITAT FOR HUMANITY - P.O. BOX 3188 - STAUNTON, VA 24402	54-1648901	501(C)(3)	190,000.	0.			GENERAL PURPOSES
STONE BARNS RESTORATION CORP 630 BEDFORD RD. POCANTICO HILLS, NY 10591	13-4150082	501(C)(3)	100,000.	0.			THE RESOURCED PROGRAM AT STONE BARNS CENTER
TANDEM FRIENDS SCHOOL 279 TANDEM LANE CHARLOTTESVILLE, VA 22902	23-7063914	501(C)(3)	75,000.	0.			THE PAVILION PROJECT PERRY MATCH
TANDEM FRIENDS SCHOOL 279 TANDEM LANE CHARLOTTESVILLE, VA 22902	23-7063914	501(C)(3)	25,789.	0.			PAVILION PROJECT GIFT
TANDEM FRIENDS SCHOOL 279 TANDEM LANE CHARLOTTESVILLE, VA 22902	23-7063914	501(C)(3)	10,000.	0.			THE SCHOLARSHIP FUND

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TANDEM FRIENDS SCHOOL 279 TANDEM LANE CHARLOTTESVILLE, VA 22902	23-7063914	501(C)(3)	5,250.	0.			ANNUAL FUND GIFT AND A PAVILION PROJECT GIFT
TEN DIRECTIONS, INC. 318 WEST MAIN STREET CHESTER, CT 06412	20-3692127	501(C)(3)	10,000.	0.			GUEST HOUSE RETREAT
THE BRIDGE LINE P. O. BOX 7292 CHARLOTTESVILLE, VA 22906	59-3829222	501(C)(3)	10,000.	0.			MUSIC THERAPY PROGRAM
THE BRIDGE LINE P. O. BOX 7292 CHARLOTTESVILLE, VA 22906	59-3829222	501(C)(3)	17,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
THE BRIDGE MINISTRY P.O. BOX 2402 CHARLOTTESVILLE, VA 22902	54-1820614	501(C)(3)	74,495.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
THE BRIDGE MINISTRY P.O. BOX 2402 CHARLOTTESVILLE, VA 22902	54-1820614	501(C)(3)	6,000.	0.			THE PLAYGROUND AT THE BRIDGE MINISTRY
THE BRIDGE PROGRESSIVE ARTS INITIATIVE - P. O. BOX 239 - CHARLOTTESVILLE, VA 22902	20-5528367	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
THE BRIDGE PROGRESSIVE ARTS INITIATIVE - P. O. BOX 239 - CHARLOTTESVILLE, VA 22902	20-5528367	501(C)(3)	7,280.	0.			THE MURAL PROJECT
THE BRIDGE PROGRESSIVE ARTS INITIATIVE - P. O. BOX 239 - CHARLOTTESVILLE, VA 22902	20-5528367	501(C)(3)	10,000.	0.			THE CHARLOTTESVILLE MURAL PROJECT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER (SENIOR CENTER INC.) 540 BELVEDERE BLVD. CHARLOTTESVILLE, VA 22901	54-0735666	501(C)(3)	15,000.	0.			THE NEW BUILDING FUND
THE CENTER (SENIOR CENTER INC.) 540 BELVEDERE BLVD. CHARLOTTESVILLE, VA 22901	54-0735666	501(C)(3)	12,500.	0.			THE CENTER AT BELVEDERE FACILITY
THE CENTER (SENIOR CENTER INC.) 540 BELVEDERE BLVD. CHARLOTTESVILLE, VA 22901	54-0735666	501(C)(3)	12,500.	0.			FOR THE NEW SENIOR CENTER
THE CENTER (SENIOR CENTER INC.) 540 BELVEDERE BLVD. CHARLOTTESVILLE, VA 22901	54-0735666	501(C)(3)	510,000.	0.			GENERAL PURPOSES
THE DOE FUND 232 EAST 84TH STREET NEW YORK, NY 10028	13-3412540	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
THE FIRST TEE OF GREATER CHARLOTTE 2661 BARRINGER DRIVE CHARLOTTE, NC 28208	56-2245026	501(C)(3)	10,000.	0.			THE IB GRAINGER FAMILY SCHOLARSHIP
THE FOUNDATION FOR BARNES-JEWISH HOSPITAL, INC. - 1001 HIGHLANDS PLAZA DRIVE WEST STE. 140 - ST. LOUIS, MO 63110	43-1648435	501(C)(3)	6,000.	0.			BANKSTON AND MRAZ ENDOWED NURSING SCHOLARSHIP FUND
THE FOUNTAIN FUND JEFFERSON SCHOOL CITY CENTER 233 4TH ST. NW BOX Z - CHARLOTTESVILLE, VA 229	81-3741447	501(C)(3)	40,000.	0.			GENERAL SUPPORT
THE FOUNTAIN FUND JEFFERSON SCHOOL CITY CENTER 233 4TH ST. NW BOX Z - CHARLOTTESVILLE, VA 229	81-3741447	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT

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THE HAVEN AT FIRST & MARKET 112 W. MARKET STREET CHARLOTTESVILLE, VA 22902	47-1841856	501(C)(3)	38,000.	0.			GENERAL PURPOSES
THE HAVEN AT FIRST & MARKET 112 W. MARKET STREET CHARLOTTESVILLE, VA 22902	47-1841856	501(C)(3)	39,000.	0.			GENERAL PURPOSES
THE HAVEN AT FIRST & MARKET P.O. BOX 273 C/O STEPHEN HITCHCOCK CHARLOTTESVILLE, VA 22902	47-1841856	501(C)(3)	26,018.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
THE JOURNEY HOME INC 305 EDGEWOOD DR MINERAL, VA 23117	47-2245325	501(C)(3)	8,000.	0.			OPERATIONS DIRECTOR AND OFFICE / PROGRAM MANAGER STAFFING.
THE NATURE FOUNDATION AT WINTERGREEN - RT. 1, BOX 770 - ROSELAND, VA 22967	54-1689828	501(C)(3)	7,500.	0.			STEM PROJECT WITH NELSON SCHOOLS
THE NATURE FOUNDATION AT WINTERGREEN - RT. 1, BOX 770 - ROSELAND, VA 22967	54-1689828	501(C)(3)	35,000.	0.			GENERAL PURPOSES
THE NATURE FOUNDATION AT WINTERGREEN - RT. 1, BOX 770 - ROSELAND, VA 22967	54-1689828	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
THE NORTHWEST SCHOOL 1415 SUMMIT AVE. SEATTLE, WA 98122	91-1061146	501(C)(3)	35,000.	0.			THE SCHOOL'S FINANCIAL AID PROGRAM
THE SOHO CENTER 1564 WEST HOOVER ROAD MADISON, VA 22727	13-2943318	501(C)(3)	10,000.	0.			THE READ EVERY DAY PROGRAM

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THE TOKIE FOUNDATION P.O. BOX 35326 N. CHESTERFIELD, VA 23235	83-0758728	501(C)(3)	10,000.	0.			GENERAL PURPOSES
THE TOKIE FOUNDATION P.O. BOX 35326 N. CHESTERFIELD, VA 23235	83-0758728	501(C)(3)	15,000.	0.			IN HONOR OF ALL FIRST RESPONDERS, NURSES, AND DOCTORS IN THE RICHMOND AREA
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	50,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT FOR CVCCN
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	200,000.	0.			GENERAL PURPOSES
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
THOMAS JEFFERSON AREA COALITION FOR THE HOMELESS - P.O. BOX 34 - CHARLOTTESVILLE, VA 22902	26-4577927	501(C)(3)	10,000.	0.			UNRESTRICTED GIVING
THOMAS JEFFERSON AREA COALITION FOR THE HOMELESS - P.O. BOX 34 - CHARLOTTESVILLE, VA 22902	26-4577927	501(C)(3)	12,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
THOMAS JEFFERSON COMMUNITY LAND TRUST - PO BOX 1606 - CHARLOTTESVILLE, VA 22902	26-2994337	501(C)(3)	50,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
THOMAS JEFFERSON FOUNDATION P.O. BOX 316 CHARLOTTESVILLE, VA 22902	54-0505959	501(C)(3)	6,500.	0.			UNRESTRICTED GIVING

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THOMAS JEFFERSON FOUNDATION P.O. BOX 316 CHARLOTTESVILLE, VA 22902	54-0505959	501(C)(3)	100,000.	0.			FOR USE AT DISCRETION OF THE TJF PRESIDENT
THRONATEESKA HERITAGE FOUNDATION 100 WEST ROOSEVELT AVE. ALBANY, GA 31701	58-1198471	501(C)(3)	12,500.	0.			GENERAL PURPOSES
TJPC CORPORATION PO BOX 1505 CHARLOTTESVILLE, VA 22902	54-2029430	501(C)(3)	12,250.	0.			COMMUNITY RECOVERY & CATALYST GRANT
TRINITY EPISCOPAL CHURCH 1118 PRESTON AVENUE CHARLOTTESVILLE, VA 22903		CHURCH	19,550.	0.			COMMUNITY RECOVERY & CATALYST GRANT FOR BREAD & ROSES
UNC CHAPEL HILL SCHOOL OF NURSING FOUNDATION - CB# 7460, CARRINGTON HALL UNC - CHAPEL HILL, NC 27599-7460	58-1508175	501(C)(3)	12,500.	0.			VARIOUS MEMORIAL SCHOLARSHIPS
UNION THEOLOGICAL SEMINARY 3041 BROADWAY NEW YORK, NY 10027	13-1624238	501(C)(3)	10,000.	0.			POOR PEOPLE'S CAMPAIGN
UNITED WAY OF GREATER CHARLOTTESVILLE - 806 EAST HIGH STREET - CHARLOTTESVILLE, VA 22902	54-0505882	501(C)(3)	8,162.	0.			GENERAL PURPOSES
UNITED WAY OF GREATER CHARLOTTESVILLE - 806 EAST HIGH STREET - CHARLOTTESVILLE, VA 22902	54-0505882	501(C)(3)	58,834.	0.			ADIUVANS EARLY CHILDHOOD MATCH
UNITED WAY OF GREATER CHARLOTTESVILLE - 806 EAST HIGH STREET - CHARLOTTESVILLE, VA 22902	54-0505882	501(C)(3)	20,000.	0.			COVID-19 COMMUNITY EMERGENCY RESPONSE

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UNITED WAY OF GREATER CHARLOTTESVILLE - 806 EAST HIGH STREET - CHARLOTTESVILLE, VA 22902	54-0505882	501(C)(3)	26,000.	0.			DRIVING LIVES FORWARD
UNITED WAY OF GREATER CHARLOTTESVILLE - 806 EAST HIGH STREET - CHARLOTTESVILLE, VA 22902	54-0505882	501(C)(3)	75,000.	0.			EARLY EDUCATION PROVIDER ASSISTANCE AND OPERATIONS SUPPORT
UNITED WAY OF GREATER CHARLOTTESVILLE - 806 EAST HIGH STREET - CHARLOTTESVILLE, VA 22902	54-0505882	501(C)(3)	25,000.	0.			SMALL BUSINESS ASSISTANCE
UNITED WAY OF GREATER CHARLOTTESVILLE - 806 EAST HIGH STREET - CHARLOTTESVILLE, VA 22902	54-0505882	501(C)(3)	3,586,683.	0.			CERF GRANT FOR COVID-19 HOUSEHOLD SUPPORT PROGRAM
UNITY CHURCH 2825 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901	44-0668175	501(C)(3)	5,600.	0.			GENERAL FUNDS
UNITY IN COMMUNITY OUTREACH MINISTRY - P.O. BOX 55 - ROSELAND, VA 22967	41-2260416	501(C)(3)	8,500.	0.			FINANCIAL AID FOR VULNERABLE COMMUNITY MEMBERS
UNIVERSITY COOPERATIVE SCHOOL 5601 UNIVERSITY WAY, NE SEATTLE, WA 98105	23-7299531	501(C)(3)	10,000.	0.			GENERAL PURPOSES
UNIVERSITY OF CHICAGO GIFT ADMINISTRATION & BUSINESS DATA 5235 S. HARPER COURT 4TH FLOOR - CHICAGO	36-2177139	501(C)(3)	15,000.	0.			BIOLOGICAL SCIENCES DIVISION
UNIVERSITY OF VIRGINIA PO BOX 37963 BOONE, IA 50036	54-6001796	501(C)(3)	50,000.	0.			STUDENT LIFE AND LEADERSHIP FUND

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UNIVERSITY OF VIRGINIA ATHLETICS FOUNDATION - PO BOX 400833 - CHARLOTTESVILLE, VA 22904	54-0517188	501(C)(3)	10,000.	0.			GENERAL PURPOSES
UNIVERSITY OF VIRGINIA CURRY SCHOOL OF EDUCATION FOUNDATION - OFFICE OF DEVELOPMENT P. O. BOX 400276 - CHARLOTTESVILLE, VA	51-0201344	501(C)(3)	100,000.	0.			SCHOOL IMPROVEMENT COLLABORATION
UNIVERSITY OF VIRGINIA JEFFERSON SCHOLARS FOUNDATION - PO BOX 400891 - CHARLOTTESVILLE, VA 22904	31-1755873	501(C)(3)	50,000.	0.			THE ZETA PSI JEFFERSON SCHOLARSHIP
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE RD. - CHARLOTTESVILLE, VA 22903	54-0838566	501(C)(3)	6,000.	0.			GENERAL PURPOSES
UNIVERSITY OF VIRGINIA NURSING SCHOOL - CLAUDE MOORE NURSING EDUCATION BUIDLING P. O. BOX 800826 - CHARLOTTESVILLE, VA	54-6001796	501(C)(3)	20,000.	0.			SCHOLARSHIPS FOR UVA UNDERGRADUATE NURSING STUDENTS
UNIVERSITY OF VIRGINIA RECTOR AND VISITORS - P. O. BOX 400807 - CHARLOTTESVILLE, VA 22904-4807	54-6001796	501(C)(3)	8,000.	0.			VIRGINIA COLLEGE ADVISING CORPS GENERAL OPERATIONS
UNIVERSITY OF VIRGINIA RECTOR AND VISITORS - P. O. BOX 400807 - CHARLOTTESVILLE, VA 22904-4807	54-6001796	501(C)(3)	6,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT FOR VA COLLEGE ADVISING CORPS
UNIVERSITY OF VIRGINIA TRANSPLANT SERVICES - P. O. BOX 800265 - CHARLOTTESVILLE, VA 22908	54-6001796	501(C)(3)	7,500.	0.			THE PATIENT ASSISTANCE FUND
UPAYA ZEN CENTER 1404 CERRO GORDO ROAD SANTA FE, NM 87501	85-0402649	501(C)(3)	10,392.	0.			SUPPORT OF THE WORK OF ROSHI JOAN HALIFAX

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VICTORY HALL OPERA P. O. BOX 72 CHARLOTTESVILLE, VA 22903	47-4728172	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
VIRGINIA BASKETBALL ACADEMY FOUNDATION - P.O. BOX 2438 - CHARLOTTESVILLE, VA 22902	20-8861885	501(C)(3)	65,664.	0.			GENERAL PURPOSES
VIRGINIA CONSERVATION NETWORK 103 EAST MAIN STREET SUITE #1 RICHMOND, VA 23219	51-0198762	501(C)(3)	15,000.	0.			CIVIC ENGAGEMENT
VIRGINIA DEPARTMENT OF FORESTRY 900 NATURAL RESOURCES DRIVE SUITE 8 CHARLOTTESVILLE, VA 22903		GOV	5,800.	0.			SUPPORTING YOUTH, ADULT, AND TEACHERS' FORESTRY EDUCATIONAL OPPORTUNITIES
VIRGINIA DISCOVERY MUSEUM PO BOX 1128 CHARLOTTESVILLE, VA 22902	54-1189268	501(C)(3)	7,500.	0.			SPONSORED ADMISSION PROGRAM
VIRGINIA DISCOVERY MUSEUM PO BOX 1128 CHARLOTTESVILLE, VA 22902	54-1189268	501(C)(3)	10,000.	0.			UNRESTRICTED OPERATIONAL USE
VIRGINIA ENERGY EFFICIENCY COUNCIL 409 EAST MAIN ST. SUITE 200 RICHMOND, VA 23219	47-1752391	501(C)(3)	50,000.	0.			THE GENERAL OPERATING GRANT
VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION - 300 ARBORETUM PLACE, SUITE 200 - RICHMOND, VA 23236	23-7004354	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
VIRGINIA HORSE CENTER FOUNDATION 487 MAURY RIVER RD. LEXINGTON, VA 24450-3374	52-1388640	501(C)(3)	335,000.	0.			GENERAL PURPOSES

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VIRGINIA INSTITUTE OF AUTISM 491 HILLSDALE DRIVE CHARLOTTESVILLE, VA 22901	54-1815297	501(C)(3)	67,500.	0.			GENERAL PURPOSES
VIRGINIA INSTITUTE OF AUTISM 491 HILLSDALE DRIVE CHARLOTTESVILLE, VA 22901	54-1815297	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
VIRGINIA ORGANIZING 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903	54-1674992	501(C)(3)	7,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT FOR BRAVE SOULS ON FIRE
VIRGINIA ORGANIZING 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903	54-1674992	501(C)(3)	20,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT FOR LENDING HANDS
VIRGINIA ORGANIZING 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903	54-1674992	501(C)(3)	50,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
VIRGINIA ORGANIZING 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903	54-1674992	501(C)(3)	52,500.	0.			GENERAL OPERATIONS
VIRGINIA ORGANIZING P.O. BOX 809 PEMBROKE, VA 24136	54-1674992	501(C)(3)	15,000.	0.			POWHR
VIRGINIA ORGANIZING 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903	54-1674992	501(C)(3)	5,932.	0.			BRAVE SOULS ON FIRE FOR A CERF GRANT TO BE USED IN RESPONSE TO COVID-19
VIRGINIA SUPPORTIVE HOUSING P. O. BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT

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VIRGINIA SUPPORTIVE HOUSING P. O. BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	19,000.	0.			GENERAL PURPOSES
VIRGINIA SUPPORTIVE HOUSING P. O. BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	10,000.	0.			SUPPORTING THE CROSSINGS
VIRGINIA SUPPORTIVE HOUSING P. O. BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	14,500.	0.			CERF GRANT TO BE USED IN RESPONSE TO COVID-19
VIRGINIA TECH FOUNDATION 902 PRICES FORK RD., SUITE 4500 BLACKSBURG, VA 24061	54-0721690	501(C)(3)	5,250.	0.			COMMUNITY RECOVERY & CATALYST GRANT FOR BUCKINGHAM 4-H
VIRGINIA UNION UNIVERSITY 1500 N. LOMBARDY STREET RICHMOND, VA 23220	54-0524516	501(C)(3)	10,000.	0.			GENERAL PURPOSES
VOICES FOR VIRGINIA'S CHILDREN 1606 SANTA ROSE RD. SUITE #109 HENRICO, VA 23229	54-1726265	501(C)(3)	29,567.	0.			IMPLEMENTATION GRANT
VOICES FOR VIRGINIA'S CHILDREN 1606 SANTA ROSE RD. SUITE #109 HENRICO, VA 23229	54-1726265	501(C)(3)	50,000.	0.			GENERAL PURPOSES
VSDB FOUNDATION P.O. BOX 2069 STAUNTON, VA 24402	27-2894686	501(C)(3)	10,000.	0.			THE CROPS PROGRAM
WATERWHEEL FOUNDATION INC 420 LEXINGTON AVE., #2520 NEW YORK, NY 10170	13-3948773	501(C)(3)	200,000.	0.			THE DIVIDED SKY FUND

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WELLESLEY COLLEGE OFFICE OF DEVELOPMENT SERVICES 106 CENTRAL STREET - WELLESLEY, MA 02481-820	04-2103637	501(C)(3)	6,200.	0.			OPERATIONS
WESTMINSTER PRESBYTERIAN CHURCH 400 RUGBY ROAD CHARLOTTESVILLE, VA 22903		CHURCH	22,000.	0.			GENERAL PURPOSES
WESTMINSTER-CANTERBURY OF THE BLUE RIDGE FOUNDATION - 250 PANTOPS MOUNTAIN RD. - CHARLOTTESVILLE, VA 22911	54-1882970	501(C)(3)	25,000.	0.			UNRESTRICTED SUPPORT
WILD VIRGINIA INC. P. O. BOX 1065 CHARLOTTESVILLE, VA 22902	54-1841861	501(C)(3)	15,000.	0.			GENERAL PURPOSES
WILDLIFE CENTER OF VIRGINIA PO BOX 1557 WAYNESBORO, VA 22980	54-1215402	501(C)(3)	25,000.	0.			UNRESTRICTED OPERATIONAL USE
WILDROCK 2521 SUMMIT RIDGE TRAIL CHARLOTTESVILLE, VA 22911	47-5279299	501(C)(3)	7,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
WILDROCK 2521 SUMMIT RIDGE TRAIL CHARLOTTESVILLE, VA 22911	47-5279299	501(C)(3)	7,500.	0.			A PLAYGROUND FOR WALKER RELATED TO GRANT APPLICATION
WILDROCK 2521 SUMMIT RIDGE TRAIL CHARLOTTESVILLE, VA 22911	47-5279299	501(C)(3)	20,000.	0.			GENERAL PURPOSES
WINTERGREEN ADAPTIVE SPORTS / DISABLED SPORTS USA - P. O. BOX 4334 - CHARLOTTESVILLE, VA 22905	54-1818204	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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WISCONSIN VOICES 633 S HAWLEY RD. SUITE 112 MILWAUKEE, WI 53214	27-3183754	501(C)(3)	60,000.	0.			SUPPORTING CIVIC ENGAGEMENT EFFORTS
WOODLAND PARK ZOOLOGICAL SOCIETY 5500 PHINNEY AVE N SEATTLE, WA 98103	91-6070005	501(C)(3)	50,000.	0.			GENERAL PURPOSES
WORKSOURCE ENTERPRISES 1311 CARLTON AVE CHARLOTTESVILLE, VA 22902	54-0836455	501(C)(3)	12,500.	0.			COMMUNITY RECOVERY & CATALYST GRANT
WORLD CENTRAL KITCHEN, INC. ATTN: ERIN GORE 1342 FLORIDA AVE. WASHINGTON, DC 20009	27-3521132	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT
WORLD CENTRAL KITCHEN, INC. ATTN: ERIN GORE 1342 FLORIDA AVE. WASHINGTON, DC 20009	27-3521132	501(C)(3)	18,595.	0.			GENERAL PURPOSES
WORLD FEDERATION OF YOUTH CLUBS PO BOX 7206 CHARLOTTESVILLE, VA 22903	84-2274485	501(C)(3)	10,000.	0.			UNRESTRICTED GIVING
WRITERHOUSE P. O. BOX 222 CHARLOTTESVILLE, VA 22902	26-2082047	501(C)(3)	10,000.	0.			GENERAL PURPOSES
YMCA OF GREATER RICHMOND 2 WEST FRANKLIN STREET RICHMOND, VA 23220	54-0505986	501(C)(3)	10,000.	0.			GOLD STAR FAMILIES PROGRAM
YOUTH DEVELOPMENT COUNCIL OF GREENE COUNTY - P.O. BOX 1162 - STANARDSVILLE, VA 22973	46-2873873	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY & CATALYST GRANT

Schedule I (Form 990)

**CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	173	660,232.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE CHARLOTTESVILLE AREA COMMUNITY FOUNDATION CONDUCTS REGULAR MONITORING AND EVALUATION OF ITS DISCRETIONARY GRANTS. RECIPIENTS OF GRANTS UP TO \$10,000 PROVIDE INTERIM AND FINAL REPORTS ON THEIR ACTIVITIES AND THE FOUNDATION TRACKS SPECIFIC INDICATORS, INCLUDING ACCOMPLISHMENTS OF GOALS AND NUMBER OF PEOPLE REACHED. RECIPIENTS OF LARGER GRANTS AGREE TO A SET OF KEY PERFORMANCE INDICATORS AS PART OF THE GRANT AGREEMENT, AND THE FOUNDATION TRACKS PROGRESS AND ACHIEVEMENT AGAINST THESE INDICATORS OVER THE LIFE OF THE GRANT. THE FOUNDATION TEAM, INCLUDING MEMBERS OF THE

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **CHARLOTTEVILLE AREA COMMUNITY FOUNDATION** Employer identification number **54-1506312**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRENNAN GOULD PRESIDENT & CEO	(i)	190,859.	7,000.	0.	11,152.	5,805.	214,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JANET DORMAN TREAS. & DIR. OF FINANCE	(i)	148,486.	12,000.	0.	8,257.	10,143.	178,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **CHARLOTTEVILLE AREA COMMUNITY FOUNDATION** Employer identification number **54-1506312**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	23	4,681,076.	NYSE/AMEX/NASDAQ
10 Securities - Closely held stock	X	1	2,649,823.	FAIR MARKET VALUE
11 Securities - Partnership, LLC, or trust interests	X	3	2,133,981.	FAIR MARKET VALUE
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	558,000.	FAIR MARKET VALUE
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

CHARLOTTESVILLE AREA COMMUNITY

Schedule M (Form 990) 2020

FOUNDATION

54-1506312

Page 2

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization	CHARLOTTESVILLE AREA COMMUNITY FOUNDATION	Employer identification number	54-1506312
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WAS SUPPORTED THROUGH ADDITIONAL FUNDING FROM THE BAMA WORKS FUND,
DOROTHY BATTEN, UVA COMMUNITY HEALTH, AND THE TWICE IS NICE FUND. WE
ALSO CONTINUED DISBURSEMENT TO OUR CURRENT MULTIYEAR GRANT PARTNERS,
TOTALING \$606,204.38 TO 7 ORGANIZATIONS ADDRESSING A BROAD SPECTRUM OF
COMMUNITY NEEDS IN EDUCATION, HEALTH, HOUSING, FOOD ACCESS, AND
COMMUNITY BUILDING.

WE FACILITATE PHILANTHROPY FOR POSITIVE CHANGE IN OUR COMMUNITY. IN
2020, WE DISTRIBUTED OVER \$26.5 MILLION TO 786 NONPROFITS. GRANTS WENT
TO HEALTH CARE, EDUCATION, CHILDREN'S SERVICES, ANIMAL WELFARE,
ENVIRONMENT, & THE ARTS. CHARITABLE DOLLARS ALSO SUPPORTED SCHOOLS,
PARKS, COMMUNITY FACILITIES & SERVICES, CAMPS, CLUBS, AND DAY CARE FOR
ALL AGES.

WE ARE COMMITTED TO EXCELLENCE IN FUND MANAGEMENT. IN 2020, ASSETS
UNDER ADMINISTRATION TOTALED \$284 MILLION, UP FROM \$232 MILLION IN
2019. WE ENDED THE YEAR WITH A NET INVESTMENT RETURN OF 28.43% AND A
TEN-YEAR ANNUALIZED NET INVESTMENT RETURN OF 9.97%. IN 2020, WE OPENED
15 NEW FUNDS, BRINGING THE TOTAL OF FUNDS UNDER MANAGEMENT TO 388
FUNDS. THESE FUNDS INCLUDE 58 SCHOLARSHIP FUNDS AND 100 AGENCY FUNDS.

FORM 990, PART VI, SECTION B, LINE 11B:

RETURN IS REVIEWED BY THE AUDIT COMMITTEE AND A COPY IS PROVIDED TO THE
BOARD BEFORE FILING.

Name of the organization CHARLOTTEVILLE AREA COMMUNITY
FOUNDATION

Employer identification number
54-1506312

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL CONFLICT OF INTEREST FORMS ARE SIGNED BY BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD CHAIRMAN FORMED A COMMITTEE INCLUDING PEOPLE NOT ON THE BOARD,
REVIEWED DATA FROM FOUNDATIONS, AND MADE RECOMMENDATIONS TO THE EXECUTIVE
COMMITTEE AND BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

ANNUAL REPORT AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR
WEBSITE, CACFONLINE.ORG, OR UPON REQUEST.

FORM 990, PART X, BEGINNING OF YEAR BALANCES

PRIOR PERIOD ADJUSTMENT - CORRECTION OF AN ERROR

DURING 2020, THE FOUNDATION DETERMINED IT DID NOT PROPERLY ACCOUNT FOR
CERTAIN CONDITIONAL GRANTS DURING 2019 AND PRIOR. ACCORDINGLY, IN THE
ACCOMPANYING 2019 FINANCIAL STATEMENTS, THE PREVIOUSLY REPORTED 2019
BEGINNING NET ASSETS WERE INCREASED BY \$1,356,994, GRANT EXPENSE WAS
DECREASED BY \$405,588, AND GRANTS PAYABLE BALANCES WERE DECREASED BY
\$1,762,582 TO REFLECT THIS RESTATEMENT. THE 2019 ENDING NET ASSETS WERE
INCREASED BY \$1,762,582 TO REFLECT THE CUMULATIVE IMPACT OF THE ERROR.

DURING 2020, THE FOUNDATION DETERMINED IT DID NOT PROPERLY ACCOUNT FOR
THE TERMINATION OF A BENEFICIAL INTEREST IN TRUST DURING 2019 TOTALING
\$2,649,823. ACCORDINGLY, IN THE ACCOMPANYING 2019 FINANCIAL STATEMENTS,
THE PREVIOUSLY REPORTED 2019 BENEFICIAL INTERESTS IN TRUSTS WAS
DECREASED, INVESTMENTS WERE INCREASED, NET ASSETS RELEASED FROM

Name of the organization CHARLOTTESVILLE AREA COMMUNITY FOUNDATION	Employer identification number 54-1506312
--	--

RESTRICTION WAS INCREASED, NET ASSETS WITH DONOR RESTRICTION WAS DECREASED, AND NET ASSETS WITHOUT DONOR RESTRICTION WAS INCREASED BY THE SAME AMOUNT.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE SPLIT INTEREST AGREEMENTS	8,514,462.
INCOME FROM PASSTHROUGH ENTITY	-3,189,370.
TOTAL TO FORM 990, PART XI, LINE 9	5,325,092.

Form **990-W**
(Worksheet)

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

OMB No. 1545-0047

(and on Investment Income for Private Foundations) FORM 990-T

2021

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year		1
2	Tax on the amount on line 1. See instructions for tax computation		2
3	Alternative minimum tax for trusts. See instructions		3
4	Total. Add lines 2 and 3		4
5	Estimated tax credits. See instructions		5
6	Subtract line 5 from line 4		6
7	Other taxes. See instructions		7
8	Total. Add lines 6 and 7		8
9	Credit for federal tax paid on fuels. See instructions		9
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2020 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	72,576.
c	2021 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	ADJUSTED TO	
		10c	72,600.

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	04/15/21	06/15/21	09/15/21	12/15/21
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	18,150.	18,150.	18,150.	18,150.
13	2020 Overpayment. See instructions	13				
14	Payment due (Subtract line 13 from line 12)	14	18,150.	18,150.	18,150.	18,150.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2021)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CHARLOTTEVILLE AREA COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 54-1506312
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1767	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHARLOTTEVILLE, VA 22902	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ORGANIZATION TREASURER

- The books are in the care of ▶ **114 4TH ST S.E. - CHARLOTTEVILLE, VA 22902-1767**
Telephone No. ▶ **(434) 296-1024** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2020

For calendar year 2020 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CHARLOTTEVILLE AREA COMMUNITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1767</p> <p>City or town, state or province, country, and ZIP or foreign postal code CHARLOTTEVILLE, VA 22902</p>	<p>D Employer identification number 54-1506312</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 284,044,465.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **ORGANIZATION TREASURER** Telephone number ▶ **(434) 296-1024**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	346,601.
2 Reserved	2	
3 Add lines 1 and 2	3	346,601.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	346,601.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	346,601.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	345,601.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	72,576.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	72,576.

LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2020)

Part III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		72,576.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		72,576.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	25,720.	
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	6g		
7	Total payments. Add lines 6a through 6g	7		25,720.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		46,856.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____ Date _____	CEO _____ Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	VIRGINIA R. BELCHER			P00421964
	Firm's name ▶ KEITER, STEPHENS, HURST, GARY & SHREAVES, P 4401 DOMINION BLVD	Firm's address ▶ GLEN ALLEN, VA 23060		Firm's EIN ▶ 54-1631262
			Phone no. (804) 747-0000	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization CHARLOTTEVILLE AREA COMMUNITY FOUNDATION	B Employer identification number 54-1506312
C Unrelated business activity code (see instructions) ▶ 812900	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **INCOME FROM PASSTHROUGH INVESTMENT**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	3			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4a			
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement)	4c			
6 Rent income (Part IV)	5	346,601.		346,601.
7 Unrelated debt-financed income (Part V)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement)	11			
13 Total. Combine lines 3 through 12	12	346,601.		346,601.
	13			

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement) (see instructions)				
6 Taxes and licenses				
7 Depreciation (attach Form 4562) (see instructions)		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)				
15 Total deductions. Add lines 1 through 14				0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				346,601.
17 Deduction for net operating loss (see instructions)				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				346,601.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal property, real and personal property, and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from or allocable to debt-financed property, deductions (straight line, other), total deductions, average acquisition debt, average adjusted basis, and gross income reportable. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

Form 500

Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500

2020 Virginia Corporation
Income Tax Return



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
Do not file this form to carry back a net operating loss. Use Form 500NOLD.

Official Use Only

FISCAL or SHORT Year Filer: Beginning Date ; Ending Date

Short Year Return Change in Accounting Period

Form header section containing FEIN (54-1506312), Name (CHARLOTTEVILLE AREA COMMUNITY FOUNDATION), Mailing Address (P.O. BOX 1767, CHARLOTTEVILLE, VA 22902), Entity Type Code (NP), and NAICS Code (813000).

Check Applicable Boxes section with columns for Final Return and Corporate Telecommunications Company. Includes options for Consolidated, Combined, Change in Filing Status, Nonprofit Corporation (checked), and others.

Questions and Related Information section with questions A through F regarding payments to affiliated corporations, tax credits, NOLs, and pass-through entity withholding.

**2020 Virginia
Form 500**

Page 2

FEIN
54-1506312



INCOME

1. Federal taxable income (from enclosed federal return)	1.	345601 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3. Total (add Lines 1 and 2)	3.	345601 .00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	345601 .00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	345601 .00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b).	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c).	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d).	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	20736 .00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	20736 .00
12. 2020 estimated Virginia income tax payments including overpayment credit from 2019	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	20736 .00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	20736 .00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2021 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.

Date	Signature of Officer	Title CEO
Printed Name of Officer BRENNAN GOULD		Phone Number
Print Preparer's Name and Firm Name VIRGINIA R. BELCHER KEITER, STEPHENS, HURST, GARY & SHREAVES, PC		Preparer Phone Number (804) 747-0000
Date	Individual or Firm, Signature of Preparer	Address of Preparer 4401 DOMINION BLVD GLEN ALLEN, VA 23060
Preparer's FEIN, PTIN, or SSN P00421964	Approved Vendor Code 1019	

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

**2020 Virginia
Schedule 500FED**

**Corporation Schedule of
Federal Line Items**



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return CHARLOTTESVILLE AREA COMMUNITY FOUNDAT FEIN 54-1506312

Form 1120 - Deductions and Taxable Income

1. Federal Taxable Income before NOL and Special Deductions	1.	346601	.00
2. Net Operating Loss Deduction	2.		.00
3. Special Deductions	3.	1000	.00
4. Federal Taxable Income after NOL and Special Deductions	4.	345601	.00

Form 1120, Schedule C - Dividends and Special Deductions

5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.		.00
6. Gross-Up for Foreign Taxes Deemed Paid	6.		.00

Form 1120, Schedule K or M-1

7. Tax Exempt Interest	7.		.00
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Form 5884 - Work Opportunity Credit

8. Salaries and Wages not deducted due to the WOTC	8.		.00
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Form 4562 - Special Depreciation Allowance and Other Depreciation

9. Special depreciation allowance for qualified property placed in service during the taxable year	9.		.00
10. Property subject to 168(f)(1) election	10.		.00
11. Other depreciation	11.	0	.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss

12. Total: Dividends (Exclude Gross-up)	12.		.00
13. Total: Dividends (Gross-up)	13.		.00
14. Total: Inclusions (Exclude Gross-up)	14.		.00
15. Total: Inclusions (Gross-up)	15.		.00
16. Total: Interest	16.		.00
17. Total: Gross Rents, Royalties, and License Fees	17.		.00
18. Total: Gross Income from Performance of Services	18.		.00
19. Total: Other	19.		.00
20. Total: Total Gross Income or Loss from Outside the US	20.		.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions

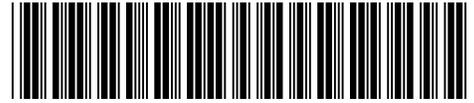
21. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	21.		.00
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	22.		.00
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services	23.		.00
24. Total: Allocable - Other Allocable Deductions	24.		.00
25. Total: Total Allocable Deductions	25.		.00
26. Total: Apportioned Share of Deductions	26.		.00
27. Total: Net Operating Loss Deduction	27.		.00
28. Total: Total Deductions	28.		.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income

29. Total: Total Income or (Loss) Before Adjustments	29.		.00
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Form 500C

**2020 Underpayment of Virginia
Estimated Tax by Corporations**



Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500

FISCAL year filer or SHORT year filer: Enter beginning date _____, and ending date _____, and check here

Name CHARLOTTESVILLE AREA COMMUNITY FOUNDATION	FEIN 54-1506312
Mailing Address (Rural Route and Box Number) P.O. BOX 1767	
City or Town, State, and ZIP Code CHARLOTTESVILLE, VA 22902	

Part I - How to Compute the Underpayment

By completing Lines 1 through 8, a corporation can determine whether or not it paid the correct amount of estimated tax by the proper due dates. If the minimum amounts were not timely paid, an additional charge may be imposed for the period of underpayment. A corporation that filed its return on a basis other than a calendar year should enter the dates corresponding to its taxable year in the space provided below

1. Income tax reduced by allowable nonrefundable and refundable credits from Schedule 500CR	20736 .00
2. 90% of Line 1	18662 .00

	Due Dates of Installments			
	(a)	(b)	(c)	(d)
Enter in Columns (a) through (d) the installment due dates (the 15th day of the 4th, 6th, 9th, and 12th months) of your taxable year	04/15/20	06/15/20	09/15/20	12/15/20
3. Enter 25% of Line 2 in Columns (a) through (d)	4666 .00	4666 .00	4666 .00	4666 .00
4. Amounts paid or credited for each period .....	.00	.00	.00	.00
5. Amount of 2019 overpayment credited against 2020 estimated tax .....	.00	.00	.00	.00
6. Overpayment of previous installment .....	.00	.00	.00	.00
7. Total (Add Lines 4, 5, and 6) .....	.00	.00	.00	.00
8. Underpayment (or overpayment) (Subtract Line 3 from Line 7)	4666 .00	4666 .00	4666 .00	4666 .00

An overpayment of an installment in Line 8 in excess of all prior underpayments should be applied as a credit against the next installment.

Part II - Exceptions to the Additional Charge

If you meet any of the exceptions to the addition to the tax, complete Lines 9 through 12.

	(a)	(b)	(c)	(d)
9. Total amount paid or credited from the beginning of the taxable year through the installment dates that correspond to the 15th day of the 4th, 6th, 9th, and 12th months of your taxable year ...	.00	.00	.00	.00
	25% of tax	50% of tax	75% of tax	100% of tax
10. Exception 1 - Prior year's tax	1836 .00	3671 .00	5507 .00	7342 .00
	25% of tax	50% of tax	75% of tax	100% of tax
11. Exception 2 - Tax on prior year's income based on the facts shown on the prior year's return, but using current year's rates .....	.00	.00	.00	.00
	22.50% of tax	45% of tax	67.50% of tax	90% of tax
12. Exception 3 - Tax on annualized income (Enclose computation) .....	.00	.00	.00	.00

There is no additional charge imposed on an underpayment shown in Line 8 for any installment date if by that date the corporation made the minimum payment determined under any of the exceptions reflected in the instructions.

Part III - Computation of the Additional Charge

If an underpayment of estimated tax is shown in Line 8 for an installment and an exception is not applicable, the additional charge should be computed by completing the portion(s) of this applicable to the installment(s).

	(a)	(b)	(c)	(d)
Enter the same installment dates used above in Part I ...				
13. Amount of underpayment from Line 8 .....	.00	.00	.00	.00
14. Enter the date of payment or the 15th day of the 4th month after the close of your taxable year, whichever is earlier				
15. Number of days from the due date of installment to the date shown on Line 14				
16. Additional charge (Rate of interest established in IRC § 6621, plus 2%, times the amount on Line 13 for the number of days shown on Line 15) .....	.00	.00	.00	.00
17. Add Columns (a) through (d), Line 16. Enter amount here and on Form 500, Line 20.				.00

A payment of estimated tax on any installment date shall be considered a payment of any previous underpayment only to the extent such payment exceeds the amount of the installment as computed in Line 3. If the corporation made more than 1 payment for a given installment, enclose a schedule showing a separate computation for each payment.